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Utilization of Short-Stay Hospitals: Annual Summary for the United States, 1979

Data From the National Health Survey
Series 13, No. 60

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VITAL & HEALTH STATISTICS

Utilization of Short-Stay Hospitals:

Annual Summary for the United States, 1979

This report presents statistics on the utilization of non-Federal short-stay hospitals based on data collected through the National Hospital Discharge Survey from a national sample of the hospital records of discharged inpatients. Estimates are provided by the demographic characteristics of patients discharged, conditions diagnosed, and surgical and nonsurgical procedures performed, and by geographic region, bed size, and ownership of hospitals that provided inpatient care. Measurements of hospital utilization are given in terms of frequency, rate, percent, and average length of stay.

Data From the National Health Survey
Series 13, No. 60

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Preface

In accordance with specifications established by the National Center for Health Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

Analysis of data and interpretation of findings contained in this report were performed by the Division of Health Care Statistics, National Center for Health Statistics.

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Symbols

---	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500
*	Figure does not meet standards of reliability or precision (more than 30-percent relative standard error)
#	Figure suppressed to comply with confidentiality requirements

Utilization of Short-Stay Hospitals: Annual Summary

by Barbara J. Haupt, Division of Health Care Statistics

Introduction

This report provides national estimates on the utilization of non-Federal short-stay hospitals during 1979. Data are summarized for selected demographic characteristics of the patients discharged, characteristics of the hospitals where the patients were treated, conditions diagnosed, and surgical and nonsurgical procedures performed.

The statistics in this report are based on data collected through the National Hospital Discharge Survey, a continuous survey that has been conducted by the National Center for Health Statistics since 1965. The data for the survey are obtained from the face sheets of a sample of the medical records of inpatients discharged from a national sample of short-stay general and specialty hospitals in the United States. The sample for 1979 included approximately 215,000 medical records from 416 hospitals that participated in the survey. A description of the survey design, data collection procedures, and the estimation process is found in appendix I. A detailed report on the design of the National Hospital Discharge Survey has already been published.[1]

Types of hospital utilization measurements shown are frequencies, rates, and percent distributions of discharges, days of care, and average lengths of stay. The estimates are presented by age, sex, and color of the patients discharged and by the geographic region, bed size, and ownership of the short-stay hospitals (tables 1-12). Statistics on the conditions diagnosed (tables 13-17) and procedures performed (tables 18-22) are also shown by patient and hospital characteristics. Although data for newborn infants are collected by means of the National Hospital Discharge Survey, they are excluded from this report.

Coding of medical data for patients hospitalized is performed according to the *International Classification of Diseases, 9th Revision, Clinical Modification*[2] (ICD-9-CM). Earlier data for 1970-78 were coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*[3] (ICDA). Differences between these two systems are discussed in appendix I under the section entitled "Medical coding and edit." A maximum of seven diagnoses and four procedures are coded for each medical record in the sample. Although diagnoses included in the ICD-9-CM section entitled "Supplementary classification of external causes of injury and poisoning" (codes E800-E999) are used by the National Hospital Discharge Survey, these diagnoses are excluded from this report. The conditions diagnosed and procedures performed are presented here by the major classes of the ICD-9-CM. Within these classes, a few diagnoses and procedures or groups thereof are also shown. These specific categories were selected primarily because of large frequencies or because they are of special interest. Residual categories of the diagnostic and procedure classes, however, are not included in the tables. More detailed analyses of these data will be presented in later reports in Series 13 of the *Vital and Health Statistics* reports.

Familiarity with the definitions used in the National Hospital Discharge Survey is important for interpreting the data and for making comparisons with statistical data on short-stay hospital utilization that are available from other sources. Definitions of the terms used in this report are presented in appendix II.

Information on short-stay hospital utilization is also collected by another program of the National Center for Health Statistics, the National Health Interview Survey. Estimates from this survey are generally different from those of the National Hospital Discharge Survey because of differences in collection procedures, population sampled, and definitions. Data from the National Health Interview Survey are published in Series 10 of the *Vital and Health Statistics* reports.

Highlights

During 1979 an estimated 36.7 million inpatients, excluding newborn infants, were discharged from non-Federal short-stay hospitals. These patients utilized 264.2 million days of care during the year and their average length of stay was 7.2 days. Half of the patients were discharged within 4 days of their admission, and 6 percent remained in the hospital for 3 weeks or longer. Patients hospitalized during 1979 accounted for 170 discharges and 1,224 days of care per 1,000 civilian noninstitutionalized population.

Table A presents selected measures of hospital utilization for 1970, 1975, and 1979. Both the number and rate of discharges have increased over this period. The number and rate of days of care have also increased significantly from 1970 to 1975. The differences in days of care between 1975 and 1979, however, are not significant. Although both the number of discharges and days of care have both increased from 1970 to 1979, the rates of increase in these two measures of utilization were quite different. This difference is reflected in the average lengths of stay that decreased from 7.8 days in 1970 to 7.2 days in 1979. The percent of patients with more than one diagnosis increased from 40.8 percent in 1970 to 48.0 percent in 1975, but no appreciable increase occurred between 1975 and 1979. The percent of patients with surgery has remained fairly constant from 1970 through 1979.

Table A. Selected measures of hospital utilization: United States, 1970, 1975, and 1979

[Data for non-Federal short-stay hospitals. Excludes newborn infants]

Measure of utilization	*1970*	*1975*	*1979*
Number of patients discharged in thousands	29,127	34,043	36,747
Rate of patients discharged per 1,000 population	145.9	162.8	170.2
Number of days of care in thousands	226,445	262,389	264,173
Rate of days of care per 1,000 population	1,134.6	1,254.9	1,223.7
Average length of stay in days	7.8	7.7	7.2
Percent of patients with more than one diagnosis	40.8	48.0	[1]49.1
Percent of patients with surgery[2]	39.7	41.7	40.8

[1]Adjusted to eliminate artificial inflation of figure because of double-coding of certain diagnoses or groups of patients. See section entitled "All-listed diagnoses" in text.

[2]Excludes nonsurgical procedures and the following obstetrical procedures that were not coded in 1970 and 1975: Episiotomy, artificial rupture of membranes, internal version, and outlet and low forceps delivery. Up to 3 operations were coded per discharge in 1970 and 1975 and up to 4 were coded in 1979; however, this 1979 figure includes only the first 3 operations to maintain comparability. The unadjusted 1979 figure is 45.2 percent.

Utilization by patient characteristics

The 36.7 million patients discharged from short-stay hospitals during 1979 included an estimated 14.7 million males and 22.0 million females (table 1). The rates per 1,000 population were 141 for males and 197 for females, making the rate for females almost 40 percent higher than the rate for males. The number and rate of discharges are always higher for females than for males because of the large number of women in their childbearing years (15-44 years of age) who are hospitalized for deliveries and other obstetrical conditions. Excluding deliveries, the rate for females discharged was 165, or only about 17 percent higher than the rate for males (table 8).

Except for children under 5 years of age and women in their childbearing years, annual rates of discharges increased consistently with each older age group for both males and females. This pattern of increase also applies to women in their childbearing years if those who were hospitalized only for deliveries are excluded from the rates. Discharge rates for older patients (65 years of age and over) were more than 5 times higher than those for younger patients (under 15 years of age) for each sex.

In 1979, male patients utilized an estimated 112.5 million days of care in short-stay hospitals compared with 151.7 million days of care utilized by

females (table 2). The rate of days of care per 1,000 population was 1,080 for males and 1,358 for females, or about 26 percent higher for females than for males. Differences between the rates of days of care for each sex were smaller than for discharges mainly because the average length of stay for about 3.6 million women who were hospitalized for deliveries was only 3.7 days. This length of stay compares with an average length of stay of 7.7 days for males and 7.5 days for females who were not hospitalized for deliveries (tables 2 and 6).

The annual number of days of care per 1,000 population increased about 13 times with advancing age from 315 for patients under 15 years of age to 4,183 for those 65 years of age and over (table 2). The much higher increase in the rate of days of care than of discharges from the youngest to the oldest age group was due to long average lengths of stay for persons 65 years of age and over (10.8 days). The average length of stay is longer for the aged because of the greater severity of illness in this group. This situation is indicated by larger proportions of older than younger patients with incapacitating chronic illness, and the highest proportion of any age group with multiple diagnoses, both of which result in long average lengths of stay and high annual rates of days of care.

A smaller proportion of males (48 percent) than of females (52 percent) were discharged from short-stay hospitals within 4 days of their admission (table 3). The percent of patients hospitalized fewer than 5 days decreased with each older age group from 73 percent for those under 15 years of age to 29 percent for patients 65 years of age and over. Conversely, the proportion of patients hospitalized for 3 weeks or longer increased from about 2 percent for the youngest age group to almost 12 percent for those 65 years of age and over. About 7 percent of the males and 5 percent of the females were hospitalized for at least 3 weeks.

In this report the terms "white" and "all other" are used for color of patients. In 1979, 27.5 million patients were identified on the face sheets of the medical records as "white" and 4.6 million as "all other" groups (table 4). However, color was not reported for an additional 4.7 million patients, or a larger number than in the "all other" group. As a result, rates were not computed by color and caution should be used in drawing conclusions from the data by color.

Some demographic characteristics differed between the two color groups. The largest differences between white and all other patients were in the distributions of discharges by age. White patients were older than all other patients, both as a group and for each sex (table 4). Twenty-six percent of these patients were 65 years of age and over; the comparable figure for all others was 15 percent.

The number of days of care in 1979 totaled 198.0 million for white patients and 34.0 million for all other patients (table 5), and the average length of stay was 7.2 days for white patients and 7.4 days for all others (table 6). White patients utilized proportionately more days of care than all others in the oldest age group, both as a whole and for each sex. However, the average length of stay was higher for the all other group in all the age and sex categories.

As was mentioned previously, National Hospital Discharge Survey (NHDS) data by color are limited because of the large number of patients for whom color was not stated. A comparison of the percent distributions of discharges and days of care and the average lengths of stay for patients with color stated and those with color not stated indicates that these utilization measures for the two groups are quite similar with regard to their age and sex distributions (table B). These relationships suggest that patients with color not stated were probably distributed by color in about the same proportions as those for whom color was identified.

Utilization by hospital characteristics

Discharges from short-stay hospitals by geographic region in 1979 ranged from 5.9 million in the West Region to 12.4 million in the South Region (table 7). Regional differences in the number of discharges are accounted for mainly by variations in population sizes (see appendix I, table III), and, to a lesser extent, by variations in the discharge rates.

The rates of regional discharges per 1,000 population in 1979 were 147 in the West, 161 in the Northeast, 178 in the South, and 185 in the North Central Regions (table 8). Among the geographic regions, discharge rates in the North Central Region were highest for all discharges and for each age and sex group except for males 45-64 years of age. For this last group, the rate was about the same as it was in the South Region. The remaining discharge rates in the South were lower than those in the North Central Region; however, the *number* of discharges in the South Region was about the same or higher for each age and sex group compared with the North Central Region, because the population in the South was about a fifth larger than that in the North Central Region.

Both the number and the rate per 1,000 population of days of care were lowest in the West Region. The highest number of days of care was in the South Region for most of the age and sex categories, whereas the highest rate was most frequently in the North Central Region, followed by the Northeast Region (tables 7 and 8). The number of days of care for the total population ranged from 35.5 million in the West to 84.7 million in the South Region; the rate per 1,000 population varied from 883 days in the

Table B. Number of patients and days of care for patients discharged from short-stay hospitals by sex, and percent distribution of patients discharged from short-stay hospitals and days of care, and average length of stay by sex and age of patient, according to whether color of patient was stated: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

Sex and age	Discharged patients		Days of care		Average length of stay in days	
	Color stated	Color not stated	Color stated	Color not stated	Color stated	Color not stated
	Number in thousands					
Both sexes	32,023	4,724	232,008	32,166	7.2	6.8
Male	12,790	1,914	98,847	13,658	7.7	7.1
Female including deliveries	19,232	2,809	133,161	18,508	6.9	6.6
Female excluding deliveries	16,064	2,322	121,319	16,685	7.6	7.2
Total	Percent distribution					
Both sexes	100.0	100.0	100.0	100.0	7.2	6.8
Male	39.9	40.5	42.6	42.5	7.7	7.1
Female including deliveries	60.1	59.5	57.4	57.5	6.9	6.6
Female excluding deliveries	50.2	49.4	52.3	51.9	7.6	7.2
All ages	100.0	100.0	100.0	100.0	7.2	6.8
Under 15 years	9.9	10.0	6.0	5.5	4.4	3.8
15-44 years	42.1	42.6	30.5	31.7	5.2	5.1
45-64 years	23.3	22.6	26.6	25.0	8.3	7.5
65 years and over	24.7	24.9	36.9	37.7	10.8	10.3
Male						
All ages	100.0	100.0	100.0	100.0	7.7	7.1
Under 15 years	14.0	13.9	8.1	7.4	4.5	3.8
15-44 years	31.7	32.4	26.2	28.3	6.4	6.2
45-64 years	27.4	26.6	29.0	27.9	8.2	7.5
65 years and over	26.9	27.1	36.8	36.4	10.6	9.6
Female including deliveries						
All ages	100.0	100.0	100.0	100.0	6.9	6.6
Under 15 years	7.2	7.4	4.5	4.2	4.3	3.8
15-44 years	49.0	49.5	33.7	34.2	4.8	4.6
45-64 years	20.6	19.8	24.8	22.9	8.3	7.6
65 years and over	23.3	23.4	37.0	38.7	11.0	10.9
Female excluding deliveries						
All ages	100.0	100.0	100.0	100.0	7.6	7.2
Under 15 years	8.5	8.8	4.9	4.6	4.3	3.8
15-44 years	39.1	39.3	27.3	27.2	5.3	4.9
45-64 years	24.5	23.7	27.2	25.3	8.4	7.6
65 years and over	27.9	28.1	40.6	42.9	11.0	10.9

West Region to 1,363 days in the Northeast Region.

Average lengths of stay by geographic region were 6.0 days in the West, 6.8 days in the South, 7.4 days in the North Central, and 8.4 days in the Northeast (table 9). Hospitalization was generally longest in the Northeast Region and shortest in the West Region for patients in each age and sex category. Regional differences in average lengths of stay were larger among the older age groups.

Table 7 shows the number of patients discharged from short-stay hospitals and days of care by sex and age of the patients, and geographic region, and bed size of the hospitals; percent distributions of these data are shown in table C.

Discharges from short-stay hospitals for patients of all ages were about 40 percent male and 60 percent female in every hospital bed-size group and females with deliveries accounted for about 10 percent of the discharges regardless of hospital size. However, some variation was found in the distribution of patients by age. Specifically, as the bed size of the hospital increased, the percent of patients who were 65 years of age and over steadily decreased from 29 percent in the smallest hospitals to 21 percent in the largest ones. An overall increase was found in the percent of patients in the age groups 15-44 and 45-64 years from the smallest to the largest hospitals; however, this pattern was not consistent with increasing bed size.

Table C. Number and percent distribution of patients and days of care and average length of stay for patients discharged from short-stay hospitals by sex and age of patient, according to bed size of hospital: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

Sex and age	Number	All sizes	6-99 beds	100-199 beds	200-299 beds	300-499 beds	500 beds or more
		Number of patients discharged in thousands					
All patients discharged	36,747	36,747	7,020	6,348	6,493	8,615	8,270
Sex		Percent distribution					
Both sexes	36,747	100.0	100.0	100.0	100.0	100.0	100.0
Male	14,705	40.0	40.9	38.3	39.7	41.1	39.7
Female including deliveries	22,042	60.0	59.1	61.7	60.3	58.9	60.3
Female excluding deliveries	18,396	50.1	51.4	51.4	50.2	48.9	48.9
Age							
All ages	36,747	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	3,641	9.9	9.6	9.5	10.3	10.3	9.8
15-44 years	15,488	42.1	39.1	42.6	42.8	41.6	44.5
45-64 years	8,532	23.2	22.7	22.3	21.9	23.8	24.8
65 years and over	9,086	24.7	28.6	25.6	25.0	24.4	21.0
		Number of days of care in thousands					
All days of care	264,173	264,173	41,763	41,623	46,936	66,580	67,271
Sex		Percent distribution					
Both sexes	264,173	100.0	100.0	100.0	100.0	100.0	100.0
Male	112,504	42.6	41.4	40.9	42.0	43.4	44.0
Female including deliveries	151,669	57.4	58.6	59.1	58.0	56.6	56.0
Female excluding deliveries	138,004	52.2	54.7	53.6	52.9	51.4	50.2
Age							
All ages	264,173	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	15,765	6.0	5.2	5.6	5.9	5.8	6.9
15-44 years	80,913	30.6	29.3	30.0	30.1	29.5	33.4
45-64 years	69,755	26.4	24.2	25.0	25.2	27.3	28.7
65 years and over	97,740	37.0	41.4	39.4	38.8	37.4	31.1
		Average length of stay in days					
Total	7.2	7.2	5.9	6.6	7.2	7.7	8.1
Sex							
Male	7.7	7.7	6.0	7.0	7.6	8.2	9.0
Female including deliveries	6.9	6.9	5.9	6.3	7.0	7.4	7.6
Female excluding deliveries	7.5	7.5	6.3	6.8	7.6	8.1	8.4
Age							
Under 15 years	4.3	4.3	3.2	3.9	4.2	4.3	5.7
15-44 years	5.2	5.2	4.5	4.6	5.1	5.5	6.1
45-64 years	8.2	8.2	6.3	7.3	8.3	8.9	9.4
65 years and over	10.8	10.8	8.6	10.1	11.2	11.9	12.1

The percent of patients under 15 years of age remained essentially the same regardless of the size of the hospital.

Days of care by sex, age, and bed size of hospital were generally distributed in a fashion similar to discharges; however, males accounted for a larger percent of days of care than of discharges regardless of bed size. This difference is a result of the short lengths of stay for females with deliveries, since females without deliveries also showed a larger percent of days of care than of discharges for hospitals of all sizes.

Table C shows that the percent distribution of days of care by the age of the persons hospitalized changed with bed size of the hospital in about the same direction as that for discharges, but the magnitude of the changes was greater for days of care than for discharges. The percent of days of care for each of the three age groups under 65 years generally increased with increasing bed size, while the percent for patients 65 years of age and over decreased as the size of the hospital grew.

As shown in table C, the average length of stay for patients discharged from short-stay hospitals in

1979 increased steadily from 5.9 days in the smallest hospitals (6-99 beds) to 8.1 days in the largest hospitals (500 beds or more). This pattern of increase occurred for each sex and age group presented. Generally, the average length of stay was slightly longer for males than for females in all hospitals; however, when females who were hospitalized for deliveries are excluded, the average lengths of stay for each sex were virtually the same. The average length of stay increased as the age of the patients increased regardless of the size of the hospital.

Table 10 shows some exceptions to these patterns in the average length of stay among regions. Specifically, the average length of stay did not steadily increase with increasing bed size either for patients 15-44 years of age in the Northeast Region or for males 15-44 years of age in the North Central Region. Moreover, a steady increase was not found in the average length of stay as age increased for females discharged from the largest hospitals in the Northeast Region, for males discharged from the smallest hospitals in the North Central Region, or for anyone discharged from the largest hospitals in the West Region.

Approximately 7 out of 10 patients of non-Federal short-stay hospitals were discharged from voluntary nonprofit hospitals operated by church and other nonprofit groups during every year the NHDS was conducted. In 1979, voluntary nonprofit hospitals provided medical care to an estimated 26.1 million patients, or 71 percent of all patients hospitalized. Hospitals operated by State and local governments cared for 7.7 million patients, or 21 percent of all discharges, and proprietary hospitals operated for profit cared for 3.0 million patients, or 8 percent of all discharges (table 11).

The estimated 264.2 million days of care utilized by patients in short-stay hospitals during 1979 were distributed by ownership of hospitals in the following manner: voluntary nonprofit, 192.1 million days, or 73 percent; government, 50.7 million days, or 19 percent; and proprietary, 21.4 million days, or 8 percent. Average lengths of stay were 7.4 days in voluntary nonprofit hospitals, 6.6 days in government hospitals, and 7.2 days in proprietary hospitals (table 12).

Utilization by diagnosis

First-listed diagnosis.—Diseases of the circulatory system ranked first in 1979 among the ICD-9-CM diagnostic classes as a principal or first-listed diagnosis among patients discharged from non-Federal short-stay hospitals (table 13). These conditions accounted for an estimated 4.9 million discharges. Other leading ICD-9-CM diagnostic classes were diseases of the digestive system (4.6 million discharges); supplementary classifications, which include females with deliveries (4.3 million discharges); injury and poisoning (3.6 million discharges); diseases of the genitourinary system (3.5 million discharges); and diseases of the respiratory system (3.3 million discharges). About two-thirds of the patients discharged from non-Federal short-stay hospitals were included in these six ICD-9-CM diagnostic classes.

The diagnostic categories presented in this summary report were selected either because they appear as principal or first-listed diagnoses with great frequency or because the conditions are of special interest. Although many of these categories such as malignant neoplasms, heart disease, psychoses, and fractures, all sites are combinations of more detailed diagnoses, they are presented as single categories without showing the specific diagnostic inclusions.

The number and rate of discharges, days of care, and average length of stay by selected first-listed diagnoses in 1979, including females with deliveries, are presented in table D. These categories are the largest of those presented in this report and accounted for 46 percent of all patients discharged during 1979. These categories also include the most frequent first-listed diagnoses for each sex, age, color, region, and bed-size group. The most common first-listed diagnosis for most of these groups, as well as for all patients, was females with deliveries. Excluding this category, the two most frequent first-listed diagnoses were heart disease and malignant neoplasms for all groups except patients under 45 years of age and those in smaller hospitals (fewer than 200 beds). For patients under 15 years of age, the most frequent first-listed diagnosis was chronic disease of tonsils and adenoids, followed by pneumonia, all forms. Excluding females with deliveries, the two most frequent first-listed diagnoses for patients 15-44 years of age were all abortions, including ectopic and molar pregnancies, and fractures, all sites. For hospitals with fewer than 200 beds, the most common first-listed diagnosis, excluding deliveries, was heart disease. The second most frequent diagnosis in hospitals with 6-99 beds was pneumonia, all forms. In hospitals with 100-199 beds, the second most common diagnosis was malignant neoplasms or fractures, all sites; no significant difference was found between the estimates for these two diagnostic categories.

The number and rate of patients discharged from short-stay hospitals and average length of stay, by ICD-9-CM diagnostic classes and selected categories, are presented by age for 1979 in table 13. Although the estimated rates of discharge from short-stay hospitals generally increased as the age of the patients increased, especially for patients 15 years of age and over, some decreases were observed. For example, decreases in rates between the two oldest age groups (45-64 years and 65 years and over) occurred for the categories of alcohol dependence syndrome, calculus of kidney and ureter, and intervertebral disc dis-

Table D. Number and rate of patients and days of care for patients discharged from short-stay hospitals and average length of stay, by selected first-listed diagnostic categories: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification]

Diagnostic category and ICD-9-CM code	Discharged patients		Days of care		Average length of stay in days
	Number in thousands	Rate per 1,000 population	Number in thousands	Rate per 1,000 population	
All conditions[1]	36,747	170.2	264,173	1,223.7	7.2
Females with deliveries V27	3,646	16.9	13,665	63.3	3.7
Heart disease 402, 404, 410-429	3,065	14.2	29,378	136.1	9.6
Acute myocardial infarction 410	433	2.0	5,457	25.3	12.6
Atherosclerotic heart disease 414.0	592	2.7	5,758	26.7	9.7
Other ischemic heart disease 411-413, 414.1-414.9	714	3.3	5,480	25.4	7.7
Malignant neoplasms 140-208	1,745	8.1	21,496	99.6	12.3
Fractures, all sites 800-829	1,180	5.5	12,366	57.3	10.5
Pneumonia, all forms 480-486	756	3.5	6,021	27.9	8.0
Cerebrovascular disease 430-438	747	3.5	9,226	42.7	12.4
Benign neoplasms, carcinoma-in-situ, and neoplasms of uncertain behavior 210-239	656	3.0	4,044	18.7	6.2
Noninfectious enteritis and colitis 555-558	616	2.9	3,318	15.4	5.4
Diabetes mellitus 250	600	2.8	6,078	28.2	10.1
All abortions, including ectopic and molar pregnancies 630-639	536	2.5	1,172	5.4	2.2
Psychoses 290-299	512	2.4	7,440	34.5	14.5
Chronic disease of tonsils and adenoids 474	497	2.3	988	4.6	2.0
Arthropathies and related disorders 710-719	481	2.2	4,636	21.5	9.6
Inguinal hernia 550	475	2.2	2,339	10.8	4.9
Disorders of menstruation and other abnormal vaginal bleeding 626	450	2.1	1,516	7.0	3.4
Cholelithiasis 574	447	2.1	4,372	20.2	9.8
Alcohol dependence syndrome 303	439	2.0	4,077	18.9	9.3

[1] Includes data for diagnostic conditions not shown in table.

orders. Moreover, the rates generally decreased with increasing age for the class of congenital anomalies and the categories of chronic disease of tonsils and adenoids, appendicitis, disorders of menstruation and other abnormal vaginal bleeding, and sprains and strains of back (including neck).

Ratios of the total discharge rates for each age group to the discharge rate for all ages were computed and compared with the comparable ratios for each diagnostic category in table 13. Based on these comparisons, the rates for many of the categories were higher than would be expected, especially for the youngest and the older age groups. For patients under 15 years of age, some of these categories were diseases of the ear and mastoid process, other acute upper respiratory infections, except influenza, and chronic disease of tonsils and adenoids. For patients 45-64 years of age, some of the categories for which the rates were higher than expected were those of alcohol dependence syndrome, essential hypertension, acute myocardial infarction, other ischemic heart disease, and intervertebral disc disorders. For patients 65 years of age and over, rates higher than expected occurred for many of the diagnostic categories. Some of these categories were malignant neoplasms; diabetes mellitus; cataract; all of the categories shown under diseases of the circulatory system, especially atherosclerotic heart disease, congestive heart failure, and essential hypertension; pneumonia, all forms; ulcers of the stomach and small intestine; and arthropathies and related disorders.

The average length of stay increased with increasing age especially for patients 15 years of age and over for most classes and categories of diagnoses. Generally, it tended to be higher for mental disorders (especially psychoses), malignant neoplasms, and various diseases of the circulatory system. Long average lengths of stay were observed for patients 45 years of age and over with a first-listed diagnosis in the category of diseases of the central nervous system. On the average, patients 65 years of age and over with a first-listed diagnosis of arthropathies and related disorders or fractures, all sites also had long lengths of stay.

Data on discharges and average length of stay for patients discharged from short-stay hospitals by sex and color are presented in table 14 by diagnostic classes and selected categories of first-listed diagnosis. Discharge rates were computed for sex but not for color because of the large number of patients (4.7 million) for whom color was not stated.

Females had higher rates of discharges than males for most of the classes and categories shown. A significant exception occurred for the diagnostic class of injury and poisoning. For this class the rate for males was almost 40 percent higher than the rate for females. The rates for males were significantly greater than the rates for females for the categories of

alcohol dependence syndrome, heart disease, inguinal hernia, calculus of kidney and ureter, and lacerations and open wounds. Both sexes had virtually the same rates of discharges per 1,000 population for the diagnostic categories of malignant neoplasms (8.1), psychoses (2.4), acute bronchitis and bronchiolitis (1.1), gastritis and duodenitis (1.4), and sprains and strains of back (including neck) (1.6).

The ratios of the discharge rates for each sex to the total discharge rates were also computed. Non-sex-related diagnostic categories for males for which the rates were higher than expected included alcohol dependence syndrome, acute myocardial infarction, inguinal hernia, calculus of kidney and ureter, intracranial injuries (excluding those with skull fracture), and lacerations and open wounds. For females, some categories that had rates higher than could be expected if sex-related conditions are excluded were benign neoplasms, carcinoma-in-situ, and neoplasms of uncertain behavior, cholelithiasis, and persons admitted for sterilization.

Seventy-five percent of all the patients discharged were listed as white on their medical record and 12 percent were listed as other than white; the color of 13 percent was not stated. However, some variation occurred in this distribution for different diagnostic categories. For example, the percents were higher for white patients who were discharged with a first-listed diagnosis of heart disease and cholelithiasis and lower for those with a diagnosis of abortion including molar and ectopic pregnancy, asthma, lacerations and open wounds, and delivery. The percent of patients for whom color was not stated remained about the same for these categories, but was higher for the diagnostic categories of alcohol dependence syndrome and intervertebral disc disorders. Average lengths of stay for almost all of the ICD-9-CM classes and categories shown were shorter for white patients than for all others. Exceptions occurred for the categories of alcohol dependence syndrome and asthma; white patients with these diagnoses stayed, on the average, at least 1 day longer than all other patients.

Table 15 provides information on patients discharged from short-stay hospitals by geographic region. In 1979, the number of discharges per 1,000 population ranged from 147 in the West Region to 185 in the North Central Region. The smallest fluctuations among the geographic regions in discharge rates for the diagnostic categories were for diseases of the central nervous system, asthma, appendicitis, and intracranial injuries (excluding those with skull fracture). The diagnostic categories for which variations in the rates were the largest were malignant neoplasms, which ranged from 7 per 1,000 population in the South to 9 in the Northeast; alcohol dependence syndrome, from 1 in the South to 4 in the Northeast; heart disease, which ranged from 12 in the West to 15 in the South; and pneumonia, all forms, with a range of 2 in the West to 5 in the South.

The number of patients discharged from short-stay hospitals during 1979 and the average length of stay are shown by bed size of hospital and diagnostic

Table E. Percent distribution of patients discharged from short-stay hospitals by bed size of hospital, according to diagnostic class: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification]

Diagnostic class and ICD-9-CM code			All sizes	6-99 beds	100-199 beds	200-299 beds	300-499 beds	500 beds or more
			Percent distribution					
All conditions			100.0	19.1	17.3	17.7	23.4	22.5
I.	Infectious and parasitic diseases	001-139	100.0	19.6	18.0	17.3	21.9	23.3
II.	Neoplasms	140-239	100.0	10.3	13.7	16.9	26.9	32.2
III.	Endocrine, nutritional, and metabolic diseases	240-279	100.0	20.6	16.5	18.0	23.9	21.1
IV.	Diseases of the blood and blood-forming organs	280-289	100.0	20.5	14.2	17.4	24.9	23.0
V.	Mental disorders	290-319	100.0	26.0	14.9	14.3	23.3	21.5
VI.	Diseases of the nervous system and sense organs	320-389	100.0	12.2	15.9	16.4	28.3	27.1
VII.	Diseases of the circulatory system	390-459	100.0	20.1	17.6	17.9	23.4	21.1
VIII.	Diseases of the respiratory system	460-519	100.0	27.1	19.1	17.0	20.5	16.2
IX.	Diseases of the digestive system	520-579	100.0	22.9	17.8	18.5	22.4	18.4
X.	Diseases of the genitourinary system	580-629	100.0	16.7	19.0	19.1	23.1	22.1
XI.	Complications of pregnancy, childbirth, and the puerperium[1]	630-676	100.0	13.5	19.5	17.3	23.0	26.7
XII.	Diseases of the skin and subcutaneous tissue	680-709	100.0	20.8	15.9	16.3	23.8	23.3
XIII.	Diseases of the musculoskeletal system and connective tissue	710-739	100.0	17.3	16.4	19.1	23.3	23.9
XIV.	Congenital anomalies	740-759	100.0	9.3	10.1	16.1	26.8	37.7
XV.	Certain conditions originating in the perinatal period	760-779	100.0	14.7	10.4	18.1	30.2	26.6
XVI.	Symptoms, signs, and ill-defined conditions	780-799	100.0	20.2	17.5	17.9	20.8	23.5
XVII.	Injury and poisoning	800-999	100.0	20.9	17.5	17.5	23.7	20.3
Supplementary classifications		V01-V82	100.0	14.9	17.9	18.0	23.3	25.9

[1] Females with deliveries are included under "Supplementary classifications."

category in table 16. Females with deliveries ranked as the highest category for first-listed diagnosis in hospitals of all bed sizes except the smallest, where it was second. In hospitals of 6-99 beds, the highest ranking diagnostic category was that of heart disease.

The proportions of some diagnostic conditions treated in hospitals varied according to the size of the hospital. As is shown in table E, greater proportions of patients were treated in the smallest hospitals (6-99 beds) for mental disorders and diseases of the respiratory system. On the other hand, greater proportions of discharges were from the largest hospitals (500 beds or more) for neoplasms and congenital anomalies.

For the most part, the average length of stay for the diagnostic classes and categories followed the same patterns as the overall average lengths of stay for each region and bed size of hospital. That is, short hospital stays were more common in the West; long stays occurred more frequently in the Northeast Region. Similarly, the average length of stay generally increased as the size of the hospital increased.

All-listed diagnoses.—An estimated 86.1 million diagnoses were recorded for the 36.7 million inpatients of non-Federal short-stay hospitals in 1979 (table 17) for an average of 2.3 diagnoses per discharged patient. The average number of diagnoses per discharge increased from prior years primarily because of changes that were made in the way data are tabulated. Starting in 1979, up to seven diagnoses per discharge are now coded and tabulated on the NHDS data file; prior to this time, up to five diagnoses were coded. In addition, the ICD-9-CM, which is the new classification scheme used for coding diagnostic and surgical data, has inherent in it a certain amount of "double coding," while the classification used prior to 1979 does not. For example, females with deliveries all receive one additional diagnostic code that indicates the outcome of their delivery (single liveborn; twins, both liveborn; etc.) whereas this was not the case prior to 1979.

The average number of diagnoses per discharge varied only slightly by sex and color of the patient and by region and bed size of the hospital. For each of these categories, the average was either 2.3 or 2.4 diagnoses per patient. However, a larger variation occurred by age. The average number of diagnoses per discharge for the age groups under 15 years, 15-44 years, 45-64 years, and 65 years and over was 1.7, 2.0, 2.5, and 3.2, respectively.

Diseases of the circulatory system ranked first among the ICD-9-CM diagnostic classes for all-listed diagnoses, with 15.6 million diagnoses. This class was followed by diseases of the digestive system (8.5 million); diseases of the genitourinary system (7.5 million); supplementary classifications (6.7 million); injury and poisoning (6.4 million); diseases of the respiratory system (6.3 million); and complications of pregnancy, childbirth, and the puerperium (5.5 million). These seven ICD-9-CM classes accounted for 66 percent of all-listed diagnoses in 1979.

Utilization by procedures

One or more procedures were performed for an estimated 18.9 million of the 36.7 million inpatients discharged from short-stay hospitals during 1979. A total of 29.6 million procedures, or an average of 1.6 per patient who underwent at least one procedure, were recorded in 1979 (table 18).

These figures are higher than in previous years for several reasons. Both the number of procedures and the percent of patients with procedures have increased over the past 10 years. In addition, changes in the tabulation and coding of data for the NHDS have resulted in the reporting of a greater number of procedures. More procedures, in terms of both number per patient and type of procedure, were coded in 1979. Specifically, in 1979 up to four procedures, instead of only three, were coded for each discharge. Furthermore, only figures for "surgical" operations were published in the past. However, since 1979 the total number includes many additional nonsurgical procedures. These coding changes account for most of the increase in the number of procedures. (See appendix I under the section entitled "Medical coding and edit" and appendix II under the section entitled "Terms relating to procedures" for more information on the differences between coding the ICDA and the ICD-9-CM.)

Table F shows the number and percent of patients with procedures for 1979 and also the number and percent of patients with surgical procedures. These last figures are included to provide data that are comparable with what was published in prior years.[4,5] About half of the patients discharged had some procedure, including diagnostic and nonsurgical procedures. Some variations in the proportions, however, occurred by age and sex of the patient, geographic region, and bed size of the hospital. Patients 15-44 years of age had the highest proportion of all the age groups with procedures (61 percent); patients 65 years and over had the lowest (40 percent). Women had more procedures than men (55 percent compared with 47 percent), primarily because of those relating to childbirth. Among the geographic regions, the lowest percent of persons with procedures occurred in the South Region (47 percent) and the highest in the West Region (56 percent). The proportion of patients with one or more procedures increased with the size of the hospital, from 33 percent in hospitals with 6-99 beds to 61 percent in hospitals with 500 beds or more.

Six out of ten patients (61 percent) with procedures had only one operation or nonsurgical procedure during their hospitalization (table G). About

Table F. Number of patients discharged from short-stay hospitals with and without procedures and percent with procedures, by age, sex, and color of patient and geographic region and bed size of hospital: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

Characteristic	All discharged patients	Patients without procedures	Patients with procedures			
			All patients	Patients with surgical procedures[1]	All patients	Patients with surgical procedures[1]
	Number in thousands				Percent	
All patients	36,747	17,851	18,896	16,595	51.4	45.2
Age						
Under 15 years	3,641	2,067	1,575	1,397	43.3	38.4
15-44 years	15,488	5,974	9,514	8,777	61.4	56.7
45-64 years	8,532	4,325	4,207	3,489	49.3	40.9
65 years and over	9,086	5,485	3,601	2,932	39.6	32.3
Sex						
Male	14,705	7,866	6,839	5,728	46.5	39.0
Female	22,042	9,985	12,057	10,867	54.7	49.3
Color						
White	27,451	13,354	14,097	12,325	51.4	44.9
All other	4,572	2,316	2,256	1,982	49.3	43.4
Color not stated	4,724	2,180	2,543	2,288	53.8	48.4
Geographic region						
Northeast	7,786	3,575	4,210	3,649	54.1	46.9
North Central	10,647	5,045	5,602	4,967	52.6	46.7
South	12,425	6,629	5,796	5,083	46.6	40.9
West	5,889	2,601	3,288	2,896	55.8	49.2
Bed size of hospital						
6-99 beds	7,020	4,737	2,284	2,090	32.5	29.8
100-199 beds	6,348	3,155	3,194	2,790	50.3	44.0
200-299 beds	6,493	2,949	3,544	3,097	54.6	47.7
300-499 beds	8,615	3,788	4,827	4,242	56.0	49.2
500 beds or more	8,270	3,222	5,048	4,376	61.0	52.9

[1] Excludes nonsurgical procedures.

26 percent of the patients had two procedures, about 9 percent had three, and about 5 percent had four or more. By age, patients under 15 years of age had the lowest proportion of multiple procedures (33 percent) and those 45-64 and 65 years of age and over had the largest proportion (45 percent and 44 percent, respectively). A smaller proportion of patients discharged from the smallest hospitals had more than one procedure (35 percent); about 40 percent of the patients discharged from hospitals of all other sizes had two or more procedures during their hospitalization.

Table G also shows the percent of patients with surgical procedures (i.e., all procedures except nonsurgical—see appendix II) by number of procedures. Again, these figures are comparable with those published in prior years.[4,5] Over two-thirds (68 percent) of the patients with surgical procedures had only one, 23 percent had two, and 9 percent had three or more.

Selected measures of surgical utilization for 1970, 1975, and 1979 are shown in table H. As mentioned previously, changes in the coding and tabulation of data for the NHDS have resulted in the reporting of a greater number of procedures in 1979 than in earlier years. Therefore, two sets of figures are shown for 1979. The second set presents unadjusted 1979 data and can be used with other 1979 data presented in this report such as those shown in tables F and G. The first set presents data for 1979 that were adjusted to make them comparable with the 1970 and 1975 data. The following trend analysis uses the adjusted 1979 data.

The number of all-listed operations rose from 15.6 million in 1970 to 21.3 million in 1979, an increase of almost 37 percent. The rate per 1,000 population, however, increased only 26 percent within this same period, from 78.2 in 1970 to 98.8 in 1979.

A similar pattern exists for the number and rate of patients with surgery. The number of patients with surgery increased 30 percent from 1970 to 1979 while the rate increased only 20 percent. During this same period the percent of patients with a single

Table G. Percent distribution of patients discharged from short-stay hospitals by number of procedures, according to age, sex, and color of patient and geographic region and bed size of hospital: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

Characteristic	All discharged patients with procedures	1 procedure	2 procedures	3 procedures	4 procedures or more[1]
			Percent distribution		
All patients	100.0	61.2	25.6	8.5	4.7
Age					
Under 15 years	100.0	67.4	25.3	5.2	2.0
15-44 years	100.0	64.7	24.5	7.4	3.5
45-64 years	100.0	55.4	27.0	11.2	6.5
65 years and over	100.0	56.0	27.2	9.9	6.9
Sex					
Male	100.0	59.2	26.3	8.9	5.6
Female	100.0	62.3	25.2	8.3	4.1
Color					
White	100.0	60.6	25.8	8.9	4.8
All other	100.0	62.4	24.7	7.9	5.0
Color not stated	100.0	63.6	25.7	7.1	3.6
Geographic region					
Northeast	100.0	62.1	25.2	8.2	4.4
North Central	100.0	60.9	25.8	8.5	4.8
South	100.0	60.3	25.9	9.1	4.7
West	100.0	62.1	25.3	7.8	4.7
Bed size of hospital					
6-99 beds	100.0	65.4	23.0	7.5	4.1
100-199 beds	100.0	60.6	25.6	8.7	5.1
200-299 beds	100.0	60.6	25.7	9.1	4.7
300-499 beds	100.0	61.0	26.0	8.6	4.4
500 beds or more	100.0	60.3	26.5	8.4	4.9
Patients with surgical procedures[2]	100.0	67.8	23.1	6.6	2.5

[1] A maximum of four procedures was coded for each patient discharged.
[2] Excludes nonsurgical procedures.

Table H. Selected measures of surgical[1] utilization: United States, 1970, 1975, and 1979

[Data for non-Federal short-stay hospitals. Excludes newborn infants]

Measure of utilization	1970	1975	1979[2]	1979
Surgical procedures				
Number of all-listed operations in thousands	15,613	20,040	21,325	23,858
Rate of all-listed operations per 1,000 population	78.2	95.8	98.8	110.5
Discharged patients				
Number of patients in thousands	11,553	14,189	15,005	16,595
Rate of patients per 1,000 population	57.9	67.9	69.5	76.9
Number of days of care in thousands	92,460	111,465	112,139	117,168
Rate of days of care per 1,000 population	463.3	533.1	519.4	542.7
Average length of stay in days	8.0	7.9	7.5	7.1
Percent of all patients with surgery	39.7	41.7	40.8	45.2
Percent of surgical patients with only 1 surgery	72.3	68.1	67.4	67.8

[1] Excludes nonsurgical procedures.
[2] Excludes the following obstetrical procedures that were not coded in 1970 and 1975: Episiotomy, artificial rupture of membranes, internal version, and outlet and low forceps delivery. Up to 3 operations were coded per discharge in 1970 and 1975 and up to 4 were coded in 1979. However, this 1979 figure includes only the first 3 operations to maintain comparability to data for prior years.

surgical procedure decreased only slightly, from 72 percent to 67 percent. These figures indicate that the increase in the number of surgeries performed is due to a combination of the increase in the number of patients with surgery and the increase in the total number of operations performed on patients with multiple surgeries.

The number of days of care for patients with surgery increased 21 percent from 1970 to 1979. The rate of days of care per 1,000 population of patients with surgery increased 15 percent between 1970 and 1975 but then decreased slightly (3 percent) between 1975 and 1979. This decrease, however, was not statistically significant.

The average length of stay of patients with surgery remained virtually the same from 1970 to 1975. An apparent decrease occurred between 1975 and 1979 (from 7.9 days to 7.5 days); however, this decrease is also not statistically significant.

Procedures in the ICD-9-CM have been categorized into four classes by a Technical Consultant Panel of the United States National Committee on Vital and Health Statistics.[6] Generally, the term "surgery" is categorized in Class 1. Because of differences between the ICDA and the ICD-9-CM, however, Class 1 procedures are not identical with the surgical procedures published by the NHDS prior to 1979.[4,5] See appendix I for more information on this categorization, under the section entitled "Medical coding and edit."

The number and rate of all-listed procedures performed during 1979 are shown for each ICD-9-CM class in table J. Data for Class 1 procedures are also presented.

Most of the procedures performed during 1979, including nonsurgical procedures, were on the digestive system (5.1 million), followed by operations on the female genital organs (4.2 million), obstetrical procedures (3.5 million), operations on the musculoskeletal system (3.0 million), and miscellaneous diagnostic and therapeutic procedures (3.0 million). Over three-fifths (64 percent) of the procedures performed in 1979 were included in these five major groups.

The above rank order changes somewhat when only Class 1 procedures are considered. Most of the Class 1 procedures were on the female genital organs or the digestive system (4.2 million and 4.1 million, respectively), followed by operations on the musculoskeletal system (3.0 million). Next came operations on the integumentary system (1.9 million), operations on the urinary system (1.8 million), obstetrical procedures (1.8 million), and operations on the nose, mouth, and pharynx (1.7 million). These seven major groups constituted 75 percent of the Class 1 procedures performed during 1979.

Procedures are grouped in the detailed tables of this report by the 16 major ICD-9-CM groups. Selected procedures within these groups are presented by specific categories within the detailed tables as well as in the text tables. Some of these categories such as repair of inguinal hernia, prostatectomy, and hysterectomy are presented as single categories although they may be divided into more precise subgroups.

Table J. Number and rate of all-listed procedures and of Class 1 procedures[1] for patients discharged from short-stay hospitals, by procedure category: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Procedure groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification]

Procedure category and ICD-9-CM code	All procedures	Class 1 procedures	All procedures	Class 1 procedures
	Number in thousands		Rate per 100,000 population	
All procedures	29,603	24,379	13,712.3	11,292.7
Operations on the nervous system .01-05	710	453	328.7	209.9
Operations on the endocrine system .06-07	113	113	52.4	52.4
Operations on the eye .08-16	945	945	437.8	437.8
Operations on the ear .18-20	429	429	198.8	198.8
Operations on the nose, mouth, and pharynx .21-29	1,667	1,654	772.3	766.2
Operations on the respiratory system .30-34	813	644	376.8	298.4
Operations on the cardiovascular system .35-39	1,196	1,196	554.0	553.9
Operations on the hemic and lymphatic system .40-41	329	329	152.2	152.2
Operations on the digestive system .42-54	5,081	4,075	2,353.7	1,887.8
Operations on the urinary system .55-59	1,925	1,817	891.6	841.6
Operations on the male genital organs .60-64	757	654	350.6	303.1
Operations on the female genital organs .65-71	4,240	4,194	1,963.8	1,942.8
Obstetrical procedures .72-75	3,471	1,799	1,607.6	833.4
Operations on the musculoskeletal system .76-84	3,044	2,997	1,410.1	1,388.1
Operations on the integumentary system .85-86	1,885	1,878	873.3	869.7
Miscellaneous diagnostic and therapeutic procedures .87-99	2,998	1,201	1,388.6	556.4

[1] Procedures that are generally considered to be "surgery" and that carry an operative or anesthetic risk or require highly trained personnel, special facilities, or special equipment.

The number and rate of all-listed procedures in 1979 by selected ICD-9-CM categories are shown in table K. The categories presented in this table include procedures that were performed frequently during the year. Many of the procedures included in this table are diagnostic and nonsurgical procedures for which data have been previously unpublished by the NHDS such as endoscopy on the digestive system, radioisotope scan, and arteriography and angiocardiography using contrast material. Over one-half million of each of these procedures were performed during 1979.

Table K also includes data for the more traditional leading surgical operations. As in 1978, some of the most frequently performed procedures, of which 500,000 or more were performed each year, included diagnostic dilation and curettage of uterus, hysterectomy, bilateral destruction or occlusion of fallopian tubes, cesarean section, tonsillectomy with or without adenoidectomy, and repair of inguinal hernia.[4]

The estimated 29.6 million procedures performed in 1979 are presented in table 18 for the ICD-9-CM major groups and categories, by sex and color, and for persons 15 years of age and over. The corresponding rates are shown by sex and for the age group 15 years of age and over in table 19.

Of the 29.6 million procedures performed during 1979, about 11.0 million were for males and 18.6 million were for females. The corresponding rates per 1,000 population were 137 for both sexes, 106 for males, and 166 for females. When the ratios of the rates for each sex to the total rates were computed, it was seen that the rates for some of the categories were higher than could be expected (excluding sex-related procedures such as prostatectomy or hysterectomy). A few of these categories for males were open heart surgery, cardiac catheterization, repair of inguinal hernia, and excision of semilunar cartilage of knee. For females, the rates for cholecystectomy and division of peritoneal adhesions were higher than expected.

The rate of procedures per 1,000 population increased with advancing age from 45 for patients

Table K. Number and rate of all-listed procedures for patients discharged from short-stay hospitals, by selected procedure categories: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Procedure groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification]

Procedure category and ICD-9-CM code	Procedures	
	Number in thousands	Rate per 100,000 population
All procedures	29,603	13,712.3
Surgical procedures[1]	23,858	11,051.4
Nonsurgical procedures[1]	5,744	2,660.9
Procedures to assist delivery .72-73	2,331	1,079.6
Biopsy[1]	1,328	614.9
Endoscopy on the digestive system 42.21-42.23, 44.11-44.13, 45.11-45.13, 45.21-45.24, 48.21-48.22, 51.11, 54.21	1,141	528.5
Diagnostic dilation and curettage of uterus .69.09	935	433.0
Cystoscopy and urethroscopy 55.21-55.22, 56.31, 57.32, 58.22	894	414.0
Excision or destruction of lesion or tissue of skin or subcutaneous tissue 86.2-86.4	693	320.9
Hysterectomy 68.3-68.7	639	295.9
Bilateral destruction or occlusion of fallopian tubes 66.2-66.3	610	282.7
Cesarean section .74.0-74.2, 74.4, 74.99	599	277.5
Radioisotope scan 92.0-92.1	531	245.8
Arteriography and angiocardiography using contrast material 88.4-88.5	526	243.7
Tonsillectomy with or without adenoidectomy 28.2-28.3	500	231.8
Repair of inguinal hernia 53.0-53.1	500	231.6
Pyelogram 87.73-87.75	448	207.5
Oophorectomy and salpingo-oophorectomy 65.3-65.6	447	207.1
Cholecystectomy .51.2	445	206.2
Extraction of lens 13.1-13.6	418	193.5
Operations on muscles, tendons, fascia and bursa 82-83.1, 83.3-83.9	406	188.0
Open reduction of fracture 76.79, 79.2-79.3, 79.5-79.6	352	163.1
Repair of current obstetric laceration 75.5-75.6	341	157.8
Appendectomy, excluding incidental .47.0	311	144.1
Incidental appendectomy .47.1	299	138.7
Dilation and curettage of uterus after delivery or abortion .69.02	298	138.3
Cardiac catheterization 37.21-37.23	298	138.1
Prostatectomy 60.2-60.6	293	135.7
Contrast myelogram .87.21	290	134.6
Other reduction of fracture 76.70, 76.78, 79.0-79.1, 79.4	282	130.4

[1]See appendix II for ICD-9-CM codes in this category.

under 15 years to 258 for patients 65 years of age and over (table L). Except for females 15-44 years of age, the rates for each sex also increased as age increased. The rate for females 15-44 years of age was higher than that for females 45-64 years of age because of the large number of females 15-44 years of age operated on for obstetrical and gynecological conditions.

Generally, the percent distribution of total procedures for white patients was similar to that for all other patients. Although there were some differences, it is difficult to determine whether or not these differences were real because of the large number of patients for whom color was not stated. It is interesting, however, that all other patients had larger proportions than white patients for operations on the female genital organs and obstetrical procedures.

The number of procedures for patients discharged from short-stay hospitals by procedure category and geographic region is presented in table 20 and the corresponding rates are shown in table 21. The rate of procedures per 1,000 population was lowest in the West Region (127) and highest in the North Central Region (153). Rates were highest in all regions for operations on the digestive system, operations on the female genital organs, obstetrical procedures, operations on the musculoskeletal system, and miscellaneous diagnostic and therapeutic procedures.

Ratios of the total rates for each region to the rate for all regions were computed and compared with corresponding ratios for each ICD-9-CM category. Rates higher than expected occurred in the Northeast Region for ligation and stripping of varicose veins, curettage of uterus to terminate pregnancy, diagnostic dilation and curettage of uterus, diagnostic ultrasound, and radioisotope scan; in the North Central Region for rhinoplasty and repair of nose and arthroplasty of joints: in the South Region for division of peritoneal adhesions, dilation of urethra, oophorectomy and salpingo-oophorectomy, bilateral destruction or occlusion of fallopian tubes, and hysterectomy; and in the West Region for open heart surgery, repair of current obstetric laceration, open reduction of fracture, and computerized axial tomography (C.A.T. scan).

The number of procedures patients underwent in short-stay hospitals during 1979 is presented in table 22 for each ICD-9-CM category by bed size of hospital where the procedure was performed. Operations on the digestive system ranked highest of all-listed procedures for all hospital bed-size groups and operations on the female genital organs ranked next.

Table M gives the percent distributions of the major groups of procedures by bed size of hospital. A greater proportion of all procedures was performed in the larger hospitals (300 beds or more) than in the smaller hospitals. Hospitals with 300 beds or more treated an estimated 46 percent of the patients hospitalized during 1979, but they performed about 52 percent of the operations. Procedures for which the largest percents were performed in hospitals with 300 beds or more were operations on the cardiovascular system (70 percent), on the nervous system (66 percent), on the endocrine system (65 percent), on the respiratory system (63 percent), and on the hemic and lymphatic system (63 percent).

Table L. Number and rate of all-listed procedures for patients discharged from short-stay hospitals, by sex and age of patient: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

Age	Both sexes	Male	Female
	Number of procedures in thousands		
All ages	29,603	11,007	18,596
Under 15 years	2,233	1,285	948
15-44 years	14,233	3,647	10,586
45-64 years	7,099	3,137	3,962
65 years and over	6,037	2,938	3,099
	Rate per 1,000 population		
All ages	137.1	105.7	166.5
Under 15 years	44.6	50.3	38.7
15-44 years	143.9	75.7	208.6
45-64 years	163.3	150.9	174.6
65 years and over	258.3	305.0	225.6

Table M. Percent distribution of all-listed procedures for patients discharged from short-stay hospitals by bed size of hospital, according to procedure category: United States, 1979

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Procedure groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification]

Procedure category and ICD-9-CM code	All sizes	6-99 beds	100-199 beds	200-299 beds	300-499 beds	500 beds or more
	Percent distribution					
All procedures	100.0	11.6	17.1	18.9	25.5	26.9
Operations on the nervous system .01-05	100.0	6.8	12.2	15.1	28.3	37.5
Operations on the endocrine system .06-07	100.0	4.5	12.2	18.6	27.2	37.5
Operations on the eye .08-16	100.0	11.3	15.6	15.4	30.4	27.4
Operations on the ear .18-20	100.0	5.8	14.6	21.3	32.7	25.6
Operations on the nose, mouth, and pharynx .21-29	100.0	13.5	17.9	20.3	26.3	22.0
Operations on the respiratory system .30-34	100.0	5.2	14.0	17.8	27.6	35.3
Operations on the cardiovascular system .35-39	100.0	3.3	9.5	17.0	28.8	41.6
Operations on the hemic and lymphatic system .40-41	100.0	9.7	11.9	15.3	25.7	37.3
Operations on the digestive system .42-54	100.0	13.4	17.4	20.0	24.2	25.0
Operations on the urinary system .55-59	100.0	9.9	17.3	22.2	26.4	24.1
Operations on the male genital organs .60-64	100.0	12.4	16.5	21.1	26.0	24.0
Operations on the female genital organs .65-71	100.0	13.1	20.8	18.7	23.2	24.3
Obstetrical procedures .72-75	100.0	12.8	17.3	17.3	25.6	27.1
Operations on the musculoskeletal system .76-84	100.0	14.1	16.7	20.0	25.2	24.0
Operations on the integumentary system .85-86	100.0	17.1	16.6	17.9	24.4	24.0
Miscellaneous diagnostic and therapeutic procedures .87-99	100.0	6.5	17.8	18.3	25.5	31.8

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TABLE 1. NUMBER, PERCENT DISTRIBUTION, AND RATE OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY SEX AND AGE: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

SEX AND AGE	DISCHARGED PATIENTS		
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION
BOTH SEXES			
ALL AGES	36,747	100.0	170.2
UNDER 15 YEARS	3,641	9.9	72.7
UNDER 1 YEAR	754	2.1	229.9
1-4 YEARS	1,094	3.0	88.5
5-14 YEARS	1,793	4.9	52.1
15-44 YEARS	15,488	42.1	156.5
15-24 YEARS	5,861	15.9	145.9
25-34 YEARS	6,005	16.3	176.1
35-44 YEARS	3,621	9.9	146.7
45-64 YEARS	8,532	23.2	196.2
45-54 YEARS	4,064	11.1	178.7
55-64 YEARS	4,468	12.2	215.5
65 YEARS AND OVER	9,086	24.7	388.8
65-74 YEARS	4,613	12.6	308.6
75 YEARS AND OVER	4,473	12.2	531.3
MALE			
ALL AGES	14,705	100.0	141.1
UNDER 15 YEARS	2,053	14.0	80.3
UNDER 1 YEAR	427	2.9	254.2
1-4 YEARS	640	4.4	101.2
5-14 YEARS	987	6.7	56.2
15-44 YEARS	4,680	31.8	97.1
15-24 YEARS	1,622	11.0	82.1
25-34 YEARS	1,629	11.1	98.3
35-44 YEARS	1,429	9.7	120.5
45-64 YEARS	4,017	27.3	193.2
45-54 YEARS	1,799	12.2	163.6
55-64 YEARS	2,218	15.1	226.5
65 YEARS AND OVER	3,955	26.9	410.5
65-74 YEARS	2,200	15.0	338.2
75 YEARS AND OVER	1,755	11.9	560.8
FEMALE			
ALL AGES	22,042	100.0	197.3
UNDER 15 YEARS	1,588	7.2	64.7
UNDER 1 YEAR	327	1.5	204.3
1-4 YEARS	454	2.1	75.2
5-14 YEARS	807	3.7	47.8

TABLE 1. NUMBER, PERCENT DISTRIBUTION, AND RATE OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY SEX AND AGE: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

SEX AND AGE	DISCHARGED PATIENTS		
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION
FEMALE--CON.			
15-44 YEARS	10,808	49.0	213.0
15-24 YEARS	4,239	19.2	207.8
25-34 YEARS	4,376	19.9	249.7
35-44 YEARS	2,192	9.9	171.1
45-64 YEARS	4,515	20.5	199.0
45-54 YEARS	2,265	10.3	192.7
55-64 YEARS	2,250	10.2	205.6
65 YEARS AND OVER	5,131	23.3	373.8
65-74 YEARS	2,413	10.9	285.7
75 YEARS AND OVER	2,718	12.3	513.8

TABLE 2. NUMBER, PERCENT DISTRIBUTION, AND RATE OF DAYS OF CARE, AVERAGE NUMBER OF HOSPITAL BEDS OCCUPIED DAILY, AND AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY SEX AND AGE: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

SEX AND AGE	DAYS OF CARE			1/ NUMBER OF HOSPITAL BEDS OCCUPIED DAILY	AVERAGE LENGTH OF STAY IN DAYS
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION		
BOTH SEXES					
ALL AGES.....	264,173	100.0	1,223.7	335.3	7.2
UNDER 15 YEARS.....	15,765	6.0	314.7	86.2	4.3
UNDER 1 YEAR.....	4,307	1.6	1,313.5	359.9	5.7
1-4 YEARS.....	4,202	1.6	339.9	93.1	3.8
5-14 YEARS.....	7,256	2.7	210.6	57.7	4.0
15-44 YEARS.....	80,913	30.6	817.8	224.1	5.2
15-24 YEARS.....	26,328	10.0	655.5	179.6	4.5
25-34 YEARS.....	30,963	11.7	908.0	248.8	5.2
35-44 YEARS.....	23,623	8.9	957.2	262.2	6.5
45-64 YEARS.....	69,755	26.4	1,604.3	439.5	8.2
45-54 YEARS.....	30,515	11.6	1,341.5	367.5	7.5
55-64 YEARS.....	39,240	14.9	1,892.5	518.5	8.8
65 YEARS AND OVER...	97,740	37.0	4,182.5	1,145.9	10.8
65-74 YEARS.....	46,707	17.7	3,124.4	856.0	10.1
75 YEARS AND OVER.....	51,033	19.3	6,061.7	1,660.7	11.4
MALE					
ALL AGES.....	112,504	100.0	1,079.9	295.9	7.7
UNDER 15 YEARS.....	9,008	8.0	352.4	96.5	4.4
UNDER 1 YEAR.....	2,479	2.2	1,476.6	404.5	5.8
1-4 YEARS.....	2,468	2.2	390.6	107.0	3.9
5-14 YEARS.....	4,061	3.6	231.2	63.3	4.1
15-44 YEARS.....	29,713	26.4	616.5	168.9	6.3
15-24 YEARS.....	9,265	8.2	468.9	128.5	5.7
25-34 YEARS.....	10,384	9.2	626.7	171.7	6.4
35-44 YEARS.....	10,064	8.9	848.2	232.4	7.0
45-64 YEARS.....	32,482	28.9	1,562.7	428.1	8.1
45-54 YEARS.....	13,573	12.1	1,234.7	338.3	7.5
55-64 YEARS.....	18,909	16.8	1,931.2	529.1	8.5
65 YEARS AND OVER...	41,302	36.7	4,287.1	1,174.5	10.4
65-74 YEARS.....	21,807	19.4	3,351.8	918.3	9.9
75 YEARS AND OVER.....	19,495	17.3	6,230.4	1,706.9	11.1

1/ EXPRESSED AS DAILY NUMBER OF BEDS OCCUPIED PER 100,000 CIVILIAN NONINSTITUTIONALIZED POPULATION.

TABLE 2. NUMBER, PERCENT DISTRIBUTION, AND RATE OF DAYS OF CARE, AVERAGE NUMBER OF HOSPITAL BEDS OCCUPIED DAILY, AND AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT STAY HOSPITALS, BY SEX AND AGE: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

SEX AND AGE	DAYS OF CARE			1/ NUMBER OF HOSPITAL BEDS OCCUPIED DAILY	AVERAGE LENGTH OF STAY IN DAYS
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION		
FEMALE					
ALL AGES.....	151,669	100.0	1,357.8	372.0	6.9
UNDER 15 YEARS.....	6,757	4.5	275.5	75.5	4.3
UNDER 1 YEAR.....	1,828	1.2	1,142.4	313.0	5.6
1-4 YEARS.....	1,734	1.1	287.0	78.6	3.8
5-14 YEARS.....	3,195	2.1	189.2	51.8	4.0
15-44 YEARS.....	51,200	33.8	1,009.0	276.4	4.7
15-24 YEARS.....	17,063	11.2	836.3	229.1	4.0
25-34 YEARS.....	20,579	13.6	1,174.1	321.7	4.7
35-44 YEARS.....	13,558	8.9	1,058.2	289.9	6.2
45-64 YEARS.....	37,273	24.6	1,642.3	450.0	8.3
45-54 YEARS.....	16,942	11.2	1,441.6	395.0	7.5
55-64 YEARS.....	20,331	13.4	1,857.9	509.0	9.0
65 YEARS AND OVER...	56,438	37.2	4,112.1	1,126.6	11.0
65-74 YEARS.....	24,900	16.4	2,948.5	807.8	10.3
75 YEARS AND OVER.....	31,539	20.8	5,961.9	1,633.4	11.6

1/ EXPRESSED AS DAILY NUMBER OF BEDS OCCUPIED PER 100,000 CIVILIAN NONINSTITUTIONALIZED POPULATION.

TABLE 3. NUMBER AND PERCENT DISTRIBUTION OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS BY AGE AND LENGTH OF STAY, ACCORDING TO SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

AGE AND LENGTH OF STAY	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	NUMBER OF DISCHARGED PATIENTS IN THOUSANDS				PERCENT DISTRIBUTION			
ALL AGES								
ALL STAYS.....	36,747	14,705	22,042	18,396	100.0	100.0	100.0	100.0
LESS THAN 1 DAY.....	1,029	385	644	620	2.8	2.6	2.9	3.4
1 DAY.....	3,082	1,280	1,802	1,612	8.4	8.7	8.2	8.8
2 DAYS.....	5,605	2,139	3,466	2,740	15.3	14.5	15.7	14.9
3 DAYS.....	4,958	1,743	3,214	2,035	13.5	11.9	14.6	11.1
4 DAYS.....	3,877	1,510	2,367	1,680	10.6	10.3	10.7	9.1
5-6 DAYS.....	5,373	2,126	3,247	2,696	14.6	14.5	14.7	14.7
7-8 DAYS.....	3,658	1,450	2,208	2,009	10.0	9.9	10.0	10.9
9-10 DAYS.....	2,382	1,029	1,353	1,310	6.5	7.0	6.1	7.1
11-20 DAYS.....	4,698	2,094	2,604	2,571	12.8	14.2	11.8	14.0
21-30 DAYS.....	1,239	570	670	665	3.4	3.9	3.0	3.6
31 DAYS OR MORE.....	845	379	466	460	2.3	2.6	2.1	2.5
UNDER 15 YEARS								
ALL STAYS.....	3,641	2,053	1,588	1,575	100.0	100.0	100.0	100.0
LESS THAN 1 DAY.....	167	95	72	72	4.6	4.6	4.6	4.6
1 DAY.....	648	375	273	272	17.8	18.3	17.2	17.3
2 DAYS.....	927	515	411	410	25.5	25.1	25.9	26.0
3 DAYS.....	529	297	233	227	14.5	14.4	14.6	14.4
4 DAYS.....	389	215	174	171	10.7	10.5	11.0	10.9
5-6 DAYS.....	421	234	187	186	11.6	11.4	11.8	11.8
7-8 DAYS.....	213	118	95	95	5.9	5.8	6.0	6.0
9-10 DAYS.....	111	63	47	47	3.0	3.1	3.0	3.0
11-20 DAYS.....	164	96	69	68	4.5	4.7	4.3	4.3
21-30 DAYS.....	37	24	13	13	1.0	1.2	0.8	0.8
31 DAYS OR MORE.....	34	21	13	13	0.9	1.0	0.8	0.8
15-44 YEARS								
ALL STAYS.....	15,488	4,680	10,808	7,201	100.0	100.0	100.0	100.0
LESS THAN 1 DAY.....	596	142	454	431	3.8	3.0	4.2	6.0
1 DAY.....	1,652	515	1,137	948	10.7	11.0	10.5	13.2
2 DAYS.....	2,939	810	2,129	1,411	19.0	17.3	19.7	19.6
3 DAYS.....	2,737	673	2,064	899	17.7	14.4	19.1	12.5
4 DAYS.....	1,895	532	1,363	684	12.2	11.4	12.6	9.5
5-6 DAYS.....	2,317	695	1,622	1,075	15.0	14.8	15.0	14.9
7-8 DAYS.....	1,306	408	898	700	8.4	8.7	8.3	9.7
9-10 DAYS.....	652	255	397	354	4.2	5.4	3.7	4.9
11-20 DAYS.....	986	436	551	518	6.4	9.3	5.1	7.2
21-30 DAYS.....	241	125	116	111	1.6	2.7	1.1	1.5
31 DAYS OR MORE.....	167	90	77	71	1.1	1.9	0.7	1.0

TABLE 3. NUMBER AND PERCENT DISTRIBUTION OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS BY AGE AND LENGTH OF STAY, ACCORDING TO SEX: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

AGE AND LENGTH OF STAY	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	NUMBER OF DISCHARGED PATIENTS IN THOUSANDS				PERCENT DISTRIBUTION			
45-64 YEARS								
ALL STAYS	8,532	4,017	4,515	4,489	100.0	100.0	100.0	100.0
LESS THAN 1 DAY	156	86	70	69	1.8	2.1	1.5	1.5
1 DAY	468	230	238	237	5.5	5.7	5.3	5.3
2 DAYS	1,073	496	577	572	12.6	12.4	12.8	12.7
3 DAYS	929	438	491	482	10.9	10.9	10.9	10.7
4 DAYS	830	421	408	404	9.7	10.5	9.0	9.0
5-6 DAYS	1,328	628	699	696	15.6	15.6	15.5	15.5
7-8 DAYS	1,038	453	585	584	12.2	11.3	13.0	13.0
9-10 DAYS	752	341	411	410	8.8	8.5	9.1	9.1
11-20 DAYS	1,410	667	743	743	16.5	16.6	16.5	16.5
21-30 DAYS	333	159	174	174	3.9	4.0	3.9	3.9
31 DAYS OR MORE	216	97	119	119	2.5	2.4	2.6	2.7
65 YEARS AND OVER								
ALL STAYS	9,086	3,955	5,131	5,131	100.0	100.0	100.0	100.0
LESS THAN 1 DAY	110	62	48	48	1.2	1.6	0.9	0.9
1 DAY	314	159	155	155	3.5	4.0	3.0	3.0
2 DAYS	666	317	348	348	7.3	8.0	6.8	6.8
3 DAYS	762	335	427	427	8.4	8.5	8.3	8.3
4 DAYS	763	342	421	421	8.4	8.6	8.2	8.2
5-6 DAYS	1,308	569	739	739	14.4	14.4	14.4	14.4
7-8 DAYS	1,101	471	630	630	12.1	11.9	12.3	12.3
9-10 DAYS	868	370	498	498	9.6	9.4	9.7	9.7
11-20 DAYS	2,138	896	1,242	1,242	23.5	22.7	24.2	24.2
21-30 DAYS	628	262	366	366	6.9	6.6	7.1	7.1
31 DAYS OR MORE	429	172	257	257	4.7	4.3	5.0	5.0

TABLE 4. NUMBER AND PERCENT DISTRIBUTION OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS BY COLOR AND AGE OF PATIENT, ACCORDING TO SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

COLOR AND AGE	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS				PERCENT DISTRIBUTION			
TOTAL								
ALL AGES.....	36,747	14,705	22,042	18,396	100.0	100.0	100.0	100.0
UNDER 15 YEARS.....	3,641	2,053	1,588	1,575	9.9	14.0	7.2	8.6
15-44 YEARS.....	15,488	4,680	10,808	7,201	42.1	31.8	49.0	39.1
45-64 YEARS.....	8,532	4,017	4,515	4,489	23.2	27.3	20.5	24.4
65 YEARS AND OVER..	9,086	3,955	5,131	5,131	24.7	26.9	23.3	27.9
WHITE								
ALL AGES.....	27,451	11,103	16,348	13,830	100.0	100.0	100.0	100.0
UNDER 15 YEARS.....	2,614	1,472	1,142	1,138	9.5	13.3	7.0	8.2
15-44 YEARS.....	11,008	3,389	7,620	5,121	40.1	30.5	46.6	37.0
45-64 YEARS.....	6,594	3,112	3,483	3,467	24.0	28.0	21.3	25.1
65 YEARS AND OVER..	7,234	3,131	4,103	4,103	26.4	28.2	25.1	29.7
ALL OTHER								
ALL AGES.....	4,572	1,688	2,884	2,234	100.0	100.0	100.0	100.0
UNDER 15 YEARS.....	555	316	239	232	12.1	18.7	8.3	10.4
15-44 YEARS.....	2,469	670	1,799	1,163	54.0	39.7	62.4	52.1
45-64 YEARS.....	871	395	475	468	19.0	23.4	16.5	20.9
65 YEARS AND OVER..	677	306	371	371	14.8	18.1	12.9	16.6
COLOR NOT STATED								
ALL AGES.....	4,724	1,914	2,809	2,332	100.0	100.0	100.0	100.0
UNDER 15 YEARS.....	*472	*265	*207	*206	*10.0	*13.9	*7.4	*8.8
15-44 YEARS.....	2,010	621	1,389	917	42.6	32.4	49.5	39.3
45-64 YEARS.....	1,067	*510	557	554	22.6	*26.6	19.8	23.7
65 YEARS AND OVER..	1,175	519	656	656	24.9	27.1	23.4	28.1

TABLE 5. NUMBER AND PERCENT DISTRIBUTION OF DAYS OF CARE FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS BY COLOR AND AGE OF PATIENT, ACCORDING TO SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

COLOR AND AGE	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	NUMBER OF DAYS OF CARE IN THOUSANDS				PERCENT DISTRIBUTION			
TOTAL								
ALL AGES.....	264,173	112,504	151,669	138,004	100.0	100.0	100.0	100.0
UNDER 15 YEARS.....	15,765	9,008	6,757	6,710	6.0	8.0	4.5	4.9
15-44 YEARS.....	80,913	29,713	51,200	37,687	30.6	26.4	33.8	27.3
45-64 YEARS.....	69,755	32,482	37,273	37,169	26.4	28.9	24.6	26.9
65 YEARS AND OVER.....	97,740	41,302	56,438	56,438	37.0	36.7	37.2	40.9
WHITE								
ALL AGES.....	198,012	84,418	113,594	104,331	100.0	100.0	100.0	100.0
UNDER 15 YEARS.....	11,029	6,302	4,727	4,709	5.6	7.5	4.2	4.5
15-44 YEARS.....	56,591	20,786	35,805	26,625	28.6	24.6	31.5	25.5
45-64 YEARS.....	53,086	24,745	28,341	28,276	26.8	29.3	24.9	27.1
65 YEARS AND OVER.....	77,306	32,585	44,720	44,720	39.0	38.6	39.4	42.9
ALL OTHER								
ALL AGES.....	33,995	14,429	19,567	16,988	100.0	100.0	100.0	100.0
UNDER 15 YEARS.....	2,951	1,697	1,255	1,229	8.7	11.8	6.4	7.2
15-44 YEARS.....	14,129	5,068	9,061	6,534	41.6	35.1	46.3	38.5
45-64 YEARS.....	8,616	3,921	4,696	4,670	25.3	27.2	24.0	27.5
65 YEARS AND OVER.....	8,298	3,744	4,555	4,555	24.4	25.9	23.3	26.8
COLOR NOT STATED								
ALL AGES.....	32,166	13,658	18,508	16,685	100.0	100.0	100.0	100.0
UNDER 15 YEARS.....	1,784	1,009	776	772	5.5	7.4	4.2	4.6
15-44 YEARS.....	10,193	3,859	6,333	4,527	31.7	28.3	34.2	27.1
45-64 YEARS.....	8,052	3,816	4,236	4,223	25.0	27.9	22.9	25.3
65 YEARS AND OVER.....	12,136	4,973	7,163	7,163	37.7	36.4	38.7	42.9

TABLE 6. AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY COLOR, AGE, AND SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

COLOR AND AGE	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	AVERAGE LENGTH OF STAY IN DAYS			
TOTAL				
ALL AGES	7.2	7.7	6.9	7.5
UNDER 15 YEARS	4.3	4.4	4.3	4.3
15-44 YEARS	5.2	6.3	4.7	5.2
45-64 YEARS	8.2	8.1	8.3	8.3
65 YEARS AND OVER	10.8	10.4	11.0	11.0
WHITE				
ALL AGES	7.2	7.6	6.9	7.5
UNDER 15 YEARS	4.2	4.3	4.1	4.1
15-44 YEARS	5.1	6.1	4.7	5.2
45-64 YEARS	8.1	8.0	8.1	8.2
65 YEARS AND OVER	10.7	10.4	10.9	10.9
ALL OTHER				
ALL AGES	7.4	8.5	6.8	7.6
UNDER 15 YEARS	5.3	5.4	5.3	5.3
15-44 YEARS	5.7	7.6	5.0	5.6
45-64 YEARS	9.9	9.9	9.9	10.0
65 YEARS AND OVER	12.3	12.2	12.3	12.3
COLOR NOT STATED				
ALL AGES	6.8	7.1	6.6	7.2
UNDER 15 YEARS	*3.8	*3.8	*3.8	*3.8
15-44 YEARS	5.1	6.2	4.6	4.9
45-64 YEARS	7.5	*7.5	7.6	7.6
65 YEARS AND OVER	10.3	9.6	10.9	10.9

TABLE 7. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND DAYS OF CARE, BY SEX, AGE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

SEX, AGE, AND REGION	ALL SIZES	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE	ALL SIZES	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE
BOTH SEXES	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS				NUMBER OF DAYS OF CARE IN THOUSANDS			
UNITED STATES	36,747	7,020	21,456	8,270	264,173	41,763	155,139	67,271
UNDER 15 YEARS	3,641	677	2,157	807	15,765	2,179	8,962	4,624
15-44 YEARS	15,488	2,743	9,064	3,680	80,913	12,217	46,255	22,442
45-64 YEARS	8,532	1,594	4,890	2,048	69,755	10,086	40,375	19,293
65 YEARS AND OVER	9,086	2,007	5,344	1,735	97,740	17,281	59,548	20,911
NORTHEAST	7,786	792	5,085	1,908	65,718	6,258	42,700	16,761
UNDER 15 YEARS	725	48	495	182	3,432	144	2,254	1,034
15-44 YEARS	3,122	312	1,977	834	17,544	1,800	10,729	5,015
45-64 YEARS	1,920	224	1,211	485	18,002	1,831	11,204	4,967
65 YEARS AND OVER	2,018	208	1,402	407	26,740	2,483	18,513	5,744
NORTH CENTRAL	10,647	1,436	6,134	3,077	78,280	9,148	43,951	25,181
UNDER 15 YEARS	1,148	139	709	299	5,064	452	2,812	1,799
15-44 YEARS	4,506	522	2,605	1,378	25,335	2,747	13,960	8,628
45-64 YEARS	2,400	316	1,334	749	20,182	2,056	11,070	7,056
65 YEARS AND OVER	2,594	458	1,485	651	27,698	3,892	16,108	7,698
SOUTH	12,425	3,474	6,228	2,723	84,686	20,634	42,692	21,359
UNDER 15 YEARS	1,252	363	628	261	5,275	1,248	2,676	1,351
15-44 YEARS	5,267	1,320	2,741	1,206	26,404	5,692	13,332	7,379
45-64 YEARS	2,836	764	1,381	691	22,291	4,837	11,153	6,302
65 YEARS AND OVER	3,070	1,027	1,478	565	30,716	8,857	15,531	6,327
WEST	5,889	1,319	4,008	562	35,490	5,723	25,796	3,971
UNDER 15 YEARS	516	126	325	65	1,995	335	1,220	440
15-44 YEARS	2,593	589	1,742	262	11,630	1,978	8,233	1,419
45-64 YEARS	1,376	290	963	123	9,279	1,362	6,947	969
65 YEARS AND OVER	1,404	313	979	112	12,586	2,049	9,396	1,142
MALE								
UNITED STATES	14,705	2,871	8,548	3,285	112,504	17,298	65,636	29,571
UNDER 15 YEARS	2,053	384	1,211	458	9,008	1,245	5,033	2,729
15-44 YEARS	4,680	908	2,698	1,073	29,713	4,669	16,608	8,436
45-64 YEARS	4,017	740	2,301	976	32,482	4,648	18,629	9,204
65 YEARS AND OVER	3,955	838	2,339	778	41,302	6,736	25,364	9,202
NORTHEAST	3,176	378	2,034	764	28,179	2,889	17,703	7,587
UNDER 15 YEARS	415	27	283	104	1,930	76	1,269	585
15-44 YEARS	941	138	570	232	6,561	928	3,756	1,877
45-64 YEARS	938	130	580	229	8,642	1,047	5,199	2,396
65 YEARS AND OVER	882	82	600	199	11,045	837	7,479	2,729

TABLE 7. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND DAYS OF CARE, BY SEX, AGE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

SEX, AGE, AND REGION	ALL SIZES	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE	ALL SIZES	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE
MALE--CON.	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS				NUMBER OF DAYS OF CARE IN THOUSANDS			
NORTH CENTRAL	4,254	554	2,499	1,201	33,412	3,719	18,870	10,823
UNDER 15 YEARS	650	78	400	171	2,977	258	1,622	1,096
15-44 YEARS	1,376	162	823	391	9,533	1,123	5,277	3,134
45-64 YEARS	1,109	127	625	358	9,200	824	5,074	3,301
65 YEARS AND OVER	1,119	187	650	282	11,702	1,514	6,897	3,291
SOUTH	4,852	1,418	2,345	1,089	35,168	8,329	17,508	9,332
UNDER 15 YEARS	700	207	344	149	2,979	711	1,465	803
15-44 YEARS	1,529	435	730	364	9,010	1,951	4,250	2,809
45-64 YEARS	1,313	349	633	331	10,279	2,166	5,074	3,038
65 YEARS AND OVER	1,310	428	638	244	12,900	3,501	6,718	2,681
WEST	2,423	522	1,671	231	15,745	2,361	11,555	1,828
UNDER 15 YEARS	289	72	183	34	1,121	200	677	245
15-44 YEARS	834	173	574	86	4,608	667	3,327	615
45-64 YEARS	656	135	463	58	4,360	611	3,282	468
65 YEARS AND OVER	644	142	450	52	5,655	884	4,270	501
FEMALE INCLUDING DELIVERIES								
UNITED STATES	22,042	4,149	12,908	4,985	151,669	24,465	89,503	37,700
UNDER 15 YEARS	1,588	293	946	349	6,757	934	3,928	1,895
15-44 YEARS	10,808	1,835	6,366	2,606	51,200	7,548	29,646	14,006
45-64 YEARS	4,515	854	2,589	1,072	37,273	5,438	21,746	10,089
65 YEARS AND OVER	5,131	1,168	3,006	957	56,438	10,545	34,183	11,710
NORTHEAST	4,610	415	3,052	1,143	37,539	3,369	24,997	9,173
UNDER 15 YEARS	311	21	212	78	1,502	68	985	449
15-44 YEARS	2,181	174	1,406	602	10,983	872	6,973	3,138
45-64 YEARS	982	94	631	256	9,359	784	6,005	2,571
65 YEARS AND OVER	1,136	126	802	208	15,695	1,645	11,034	3,015
NORTH CENTRAL	6,393	882	3,635	1,876	44,868	5,429	25,081	14,358
UNDER 15 YEARS	498	61	309	129	2,087	194	1,190	703
15-44 YEARS	3,129	360	1,782	987	15,802	1,624	8,684	5,494
45-64 YEARS	1,291	189	710	392	10,983	1,232	5,996	3,754
65 YEARS AND OVER	1,475	271	835	369	15,996	2,378	9,211	4,407
SOUTH	7,573	2,056	3,883	1,634	49,517	12,306	25,185	12,027
UNDER 15 YEARS	552	157	284	112	2,295	537	1,211	548
15-44 YEARS	3,738	885	2,011	842	17,393	3,741	9,083	4,570
45-64 YEARS	1,523	415	749	360	12,013	2,671	6,079	3,263
65 YEARS AND OVER	1,759	599	840	321	17,816	5,357	8,813	3,646

TABLE 7. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND DAYS OF CARE, BY SEX, AGE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

SEX, AGE, AND REGION	ALL SIZES	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE	ALL SIZES	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE
FEMALE INCLUDING DELIVERIES--CON.	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS				NUMBER OF DAYS OF CARE IN THOUSANDS			
WEST	3,466	797	2,338	331	19,745	3,362	14,240	2,143
UNDER 15 YEARS	227	54	142	31	873	135	543	195
15-44 YEARS	1,759	416	1,168	175	7,022	1,310	4,907	805
45-64 YEARS	720	155	500	65	4,918	752	3,665	501
65 YEARS AND OVER	760	172	529	60	6,931	1,165	5,125	641
FEMALE EXCLUDING DELIVERIES								
UNITED STATES	18,396	3,610	10,745	4,041	138,004	22,865	81,393	33,746
UNDER 15 YEARS	1,575	290	941	344	6,710	926	3,909	1,876
15-44 YEARS	7,201	1,303	4,226	1,672	37,687	5,967	21,628	10,091
45-64 YEARS	4,489	849	2,573	1,067	37,169	5,426	21,673	10,070
65 YEARS AND OVER	5,131	1,168	3,006	957	56,438	10,545	34,183	11,710
NORTHEAST	3,883	363	2,564	956	34,340	3,180	22,889	8,271
UNDER 15 YEARS	310	21	211	77	1,497	68	982	448
15-44 YEARS	1,460	123	922	416	7,806	685	4,880	2,241
45-64 YEARS	978	93	629	255	9,342	782	5,994	2,567
65 YEARS AND OVER	1,136	126	802	208	15,695	1,645	11,034	3,015
NORTH CENTRAL	5,381	787	3,080	1,515	40,698	5,068	22,849	12,781
UNDER 15 YEARS	496	61	308	128	2,080	193	1,188	699
15-44 YEARS	2,125	266	1,231	628	11,662	1,266	6,471	3,925
45-64 YEARS	1,284	189	705	391	10,959	1,231	5,978	3,750
65 YEARS AND OVER	1,475	271	835	369	15,996	2,378	9,211	4,407
SOUTH	6,338	1,829	3,191	1,318	45,150	11,629	22,723	10,798
UNDER 15 YEARS	544	155	281	109	2,267	531	1,200	535
15-44 YEARS	2,525	663	1,330	532	13,108	3,076	6,669	3,363
45-64 YEARS	1,510	413	740	357	11,959	2,665	6,041	3,253
65 YEARS AND OVER	1,759	599	840	321	17,816	5,357	8,813	3,646
WEST	2,793	631	1,911	252	17,816	2,988	12,932	1,896
UNDER 15 YEARS	225	54	141	31	865	134	538	193
15-44 YEARS	1,091	251	743	97	5,110	940	3,609	561
45-64 YEARS	717	154	498	65	4,909	749	3,660	501
65 YEARS AND OVER	760	172	529	60	6,931	1,165	5,125	641

TABLE 8. RATES OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND OF DAYS OF CARE, BY GEOGRAPHIC REGION, AGE, AND SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

REGION AND AGE	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	RATE OF DISCHARGES PER 1,000 POPULATION				RATE OF DAYS OF CARE PER 1,000 POPULATION			
UNITED STATES								
ALL AGES.....	170.2	141.1	197.3	164.7	1,223.7	1,079.9	1,357.8	1,235.4
UNDER 15 YEARS.....	72.7	80.3	64.7	64.2	314.7	352.4	275.5	273.5
15-44 YEARS.....	156.5	97.1	213.0	141.9	817.8	616.5	1,009.0	742.7
45-64 YEARS.....	196.2	193.2	199.0	197.8	1,604.3	1,562.7	1,642.3	1,637.8
65 YEARS AND OVER.....	388.8	410.5	373.6	373.6	4,182.5	4,287.1	4,109.1	4,109.1
NORTHEAST								
ALL AGES.....	161.4	137.3	183.7	154.8	1,362.5	1,217.9	1,495.9	1,368.5
UNDER 15 YEARS.....	69.6	77.9	61.0	60.8	329.5	362.6	294.9	294.1
15-44 YEARS.....	144.0	88.9	196.5	131.5	809.3	620.3	989.3	703.1
45-64 YEARS.....	182.2	188.2	176.7	176.0	1,707.5	1,733.3	1,684.3	1,681.1
65 YEARS AND OVER.....	360.7	391.6	339.8	339.8	4,780.1	4,906.7	4,694.8	4,694.8
NORTH CENTRAL								
ALL AGES.....	185.1	151.8	216.8	182.5	1,361.0	1,192.4	1,521.3	1,379.9
UNDER 15 YEARS.....	85.5	94.7	75.8	75.6	377.0	433.8	317.6	316.7
15-44 YEARS.....	169.5	104.8	232.5	157.9	952.9	726.2	1,174.0	866.5
45-64 YEARS.....	211.8	202.8	220.1	219.1	1,781.2	1,682.5	1,873.2	1,869.2
65 YEARS AND OVER.....	420.9	436.6	409.8	409.8	4,494.3	4,565.8	4,443.4	4,443.4
SOUTH								
ALL AGES.....	177.6	144.9	207.7	173.9	1,210.8	1,050.2	1,358.3	1,238.5
UNDER 15 YEARS.....	74.7	81.9	67.2	66.2	314.6	348.9	279.0	275.6
15-44 YEARS.....	165.6	99.9	226.5	152.9	830.1	588.8	1,053.8	794.1
45-64 YEARS.....	207.6	203.2	211.5	209.6	1,631.3	1,590.7	1,667.7	1,660.3
65 YEARS AND OVER.....	398.5	411.9	389.1	389.1	3,988.0	4,055.2	3,940.8	3,940.8
WEST								
ALL AGES.....	146.5	124.1	167.7	135.2	883.0	806.1	955.7	862.3
UNDER 15 YEARS.....	54.4	59.8	48.8	48.4	210.5	231.9	188.2	186.4
15-44 YEARS.....	137.4	90.7	181.8	112.8	616.5	501.5	725.7	528.1
45-64 YEARS.....	173.2	169.5	176.7	176.0	1,168.3	1,126.7	1,207.8	1,205.6
65 YEARS AND OVER.....	359.3	393.4	334.7	334.7	3,219.8	3,452.3	3,052.1	3,052.1

TABLE 9. AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY GEOGRAPHIC REGION, AGE, AND SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

REGION AND AGE	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	AVERAGE LENGTH OF STAY IN DAYS			
UNITED STATES				
ALL AGES	7.2	7.7	6.9	7.5
UNDER 15 YEARS	4.3	4.4	4.3	4.3
15-44 YEARS	5.2	6.3	4.7	5.2
45-64 YEARS	8.2	8.1	8.3	8.3
65 YEARS AND OVER	10.8	10.4	11.0	11.0
NORTHEAST				
ALL AGES	8.4	8.9	8.1	8.8
UNDER 15 YEARS	4.7	4.7	4.8	4.8
15-44 YEARS	5.6	7.0	5.0	5.3
45-64 YEARS	9.4	9.2	9.5	9.6
65 YEARS AND OVER	13.3	12.5	13.8	13.8
NORTH CENTRAL				
ALL AGES	7.4	7.9	7.0	7.6
UNDER 15 YEARS	4.4	4.6	4.2	4.2
15-44 YEARS	5.6	6.9	5.0	5.5
45-64 YEARS	8.4	8.3	8.5	8.5
65 YEARS AND OVER	10.7	10.5	10.8	10.8
SOUTH				
ALL AGES	6.8	7.2	6.5	7.1
UNDER 15 YEARS	4.2	4.3	4.2	4.2
15-44 YEARS	5.0	5.9	4.7	5.2
45-64 YEARS	7.9	7.8	7.9	7.9
65 YEARS AND OVER	10.0	9.8	10.1	10.1
WEST				
ALL AGES	6.0	6.5	5.7	6.4
UNDER 15 YEARS	3.9	3.9	3.9	3.8
15-44 YEARS	4.5	5.5	4.0	4.7
45-64 YEARS	6.7	6.6	6.8	6.8
65 YEARS AND OVER	9.0	8.8	9.1	9.1

TABLE 10. AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY SEX, AGE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

SEX AND AGE	TOTAL	NORTHEAST			NORTH CENTRAL			SOUTH			WEST		
		6-99 BEDS	100-499 BEDS	500 BEDS OR MORE	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE	6-99 BEDS	100-499 BEDS	500 BEDS OR MORE
BOTH SEXES		AVERAGE LENGTH OF STAY IN DAYS											
ALL AGES....	7.2	7.9	8.4	8.8	6.4	7.2	8.2	5.9	6.9	7.8	4.3	6.4	7.1
UNDER 15 YEARS...	4.3	3.0	4.6	5.7	3.2	4.0	6.0	3.4	4.3	5.2	2.7	3.8	6.8
15-44 YEARS.....	5.2	5.8	5.4	6.0	5.3	5.4	6.3	4.3	4.9	6.1	3.4	4.7	5.4
45-64 YEARS.....	8.2	8.2	9.3	10.2	6.5	8.3	9.4	6.3	8.1	9.1	4.7	7.2	7.9
65+ YEARS.....	10.8	11.9	13.2	14.1	8.5	10.8	11.8	8.6	10.5	11.2	6.5	9.6	10.2
MALE													
ALL AGES....	7.7	7.7	8.7	9.9	6.7	7.6	9.0	5.9	7.5	8.6	4.5	6.9	7.9
UNDER 15 YEARS...	4.4	2.8	4.5	5.6	3.3	4.1	6.4	3.4	4.3	5.4	2.8	3.7	7.2
15-44 YEARS.....	6.3	6.7	6.6	8.1	6.9	6.4	8.0	4.5	5.8	7.7	3.8	5.8	7.1
45-64 YEARS.....	8.1	8.1	9.0	10.5	6.5	8.1	9.2	6.2	8.0	9.2	4.5	7.1	8.1
65+ YEARS.....	10.4	10.2	12.5	13.7	8.1	10.6	11.7	8.2	10.5	11.0	6.2	9.5	9.6
FEMALE INCLUDING DELIVERIES													
ALL AGES....	6.9	8.1	8.2	8.0	6.2	6.9	7.7	6.0	6.5	7.4	4.2	6.1	6.5
UNDER 15 YEARS...	4.3	3.2	4.7	5.8	3.2	3.9	5.5	3.4	4.3	4.9	2.5	3.8	6.3
15-44 YEARS.....	4.7	5.0	5.0	5.2	4.5	4.9	5.6	4.2	4.5	5.4	3.2	4.2	4.6
45-64 YEARS.....	8.3	8.3	9.5	10.0	6.5	8.5	9.6	6.4	8.1	9.1	4.8	7.3	7.7
65+ YEARS.....	11.0	13.1	13.8	14.5	8.8	11.0	12.0	8.9	10.5	11.4	6.8	9.7	10.7
FEMALE EXCLUDING DELIVERIES													
ALL AGES....	7.5	8.8	8.9	8.7	6.4	7.4	8.4	6.4	7.1	8.2	4.7	6.8	7.5
UNDER 15 YEARS...	4.3	3.2	4.7	5.8	3.2	3.9	5.5	3.4	4.3	4.9	2.5	3.8	6.3
15-44 YEARS.....	5.2	5.6	5.3	5.4	4.8	5.3	6.3	4.6	5.0	6.3	3.7	4.9	5.8
45-64 YEARS.....	8.3	8.4	9.5	10.1	6.5	8.5	9.6	6.5	8.2	9.1	4.9	7.3	7.8
65+ YEARS.....	11.0	13.1	13.8	14.5	8.8	11.0	12.0	8.9	10.5	11.4	6.8	9.7	10.7

TABLE 11. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND DAYS OF CARE, BY TYPE OF OWNERSHIP OF HOSPITAL AND AGE AND SEX OF PATIENT: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

TYPE OF OWNERSHIP AND AGE	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	NUMBER OF DISCHARGED PATIENTS IN THOUSANDS				NUMBER OF DAYS OF CARE IN THOUSANDS			
ALL TYPES								
ALL AGES.....	36,747	14,705	22,042	18,396	264,173	112,504	151,669	138,004
UNDER 15 YEARS.....	3,641	2,053	1,588	1,575	15,765	9,008	6,757	6,710
15-44 YEARS.....	15,488	4,680	10,808	7,201	80,913	29,713	51,200	37,687
45-64 YEARS.....	8,532	4,017	4,515	4,489	69,755	32,482	37,273	37,169
65 YEARS AND OVER...	9,086	3,955	5,131	5,131	97,740	41,302	56,438	56,438
VOLUNTARY NONPROFIT								
ALL AGES.....	26,105	10,345	15,759	13,111	192,067	81,137	110,930	100,709
UNDER 15 YEARS.....	2,576	1,456	1,120	1,115	11,100	6,366	4,734	4,713
15-44 YEARS.....	10,806	3,139	7,666	5,042	56,393	19,982	36,411	26,289
45-64 YEARS.....	6,163	2,877	3,286	3,268	51,201	23,611	27,590	27,512
65 YEARS AND OVER...	6,560	2,873	3,687	3,687	73,373	31,178	42,196	42,196
GOVERNMENT								
ALL AGES.....	7,686	3,142	4,544	3,670	50,727	22,337	28,390	25,337
UNDER 15 YEARS.....	843	470	372	366	3,839	2,164	1,674	1,652
15-44 YEARS.....	3,476	1,110	2,366	1,506	17,782	7,026	10,756	7,748
45-64 YEARS.....	1,641	796	845	837	12,819	6,150	6,668	6,645
65 YEARS AND OVER...	1,726	766	960	960	16,288	6,997	9,291	9,291
PROPRIETARY								
ALL AGES.....	2,956	1,217	1,739	1,614	21,379	9,031	12,348	11,958
UNDER 15 YEARS.....	222	127	95	94	827	477	349	345
15-44 YEARS.....	1,206	431	776	653	6,738	2,706	4,033	3,649
45-64 YEARS.....	728	344	384	383	5,735	2,720	3,015	3,013
65 YEARS AND OVER...	799	316	483	483	8,079	3,128	4,952	4,952

TABLE 12. AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY TYPE OF OWNERSHIP OF HOSPITAL, AGE OF PATIENT, AND SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS)

TYPE OF OWNERSHIP AND AGE	BOTH SEXES	MALE	FEMALE INCLUDING DELIVERIES	FEMALE EXCLUDING DELIVERIES
	AVERAGE LENGTH OF STAY IN DAYS			
ALL TYPES				
ALL AGES	7.2	7.7	6.9	7.5
UNDER 15 YEARS	4.3	4.4	4.3	4.3
15-44 YEARS	5.2	6.3	4.7	5.2
45-64 YEARS	8.2	8.1	8.3	8.3
65 YEARS AND OVER	10.8	10.4	11.0	11.0
VOLUNTARY NONPROFIT				
ALL AGES	7.4	7.8	7.0	7.7
UNDER 15 YEARS	4.3	4.4	4.2	4.2
15-44 YEARS	5.2	6.4	4.7	5.2
45-64 YEARS	8.3	8.2	8.4	8.4
65 YEARS AND OVER	11.2	10.9	11.4	11.4
GOVERNMENT				
ALL AGES	6.6	7.1	6.2	6.9
UNDER 15 YEARS	4.6	4.6	4.5	4.5
15-44 YEARS	5.1	6.3	4.5	5.1
45-64 YEARS	7.8	7.7	7.9	7.9
65 YEARS AND OVER	9.4	9.1	9.7	9.7
PROPRIETARY				
ALL AGES	7.2	7.4	7.1	7.4
UNDER 15 YEARS	3.7	3.8	3.7	3.7
15-44 YEARS	5.6	6.3	5.2	5.6
45-64 YEARS	7.9	7.9	7.8	7.9
65 YEARS AND OVER	10.1	9.9	10.2	10.2

TABLE 13. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTH OF STAY, BY CATEGORY OF FIRST-LISTED DIAGNOSIS AND AGE: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

	CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	ALL AGES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER
		NUMBER OF PATIENTS DISCHARGED IN THOUSANDS				
01	ALL CONDITIONS	36,747	3,641	15,488	8,532	9,086
02	I. INFECTIOUS AND PARASITIC DISEASES 001-139	596	182	214	99	101
03	II. NEOPLASMS 140-239	2,402	65	484	863	989
04	MALIGNANT NEOPLASMS 140-208	1,745	38	172	651	884
05	BENIGN NEOPLASMS, CARCINOMA IN SITU, AND NEOPLASMS OF UNCERTAIN BEHAVIOR 210-239	656	28	312	212	105
06	III. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS 240-279	1,057	63	273	340	382
07	DIABETES MELLITUS 250	600	20	135	217	228
08	IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS 280-289	348	75	96	53	124
09	V. MENTAL DISORDERS 290-319	1,723	50	983	465	226
10	PSYCHOSES 290-299	512	3	302	120	86
11	ALCOHOL DEPENDENCE SYNDROME 303	439	2	225	181	31
12	VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS 320-389	1,626	337	366	380	543
13	DISEASES OF THE CENTRAL NERVOUS SYSTEM 320-336,340-349	373	56	134	89	95
14	CATARACT 366	383	3	15	79	285
15	DISEASES OF THE EAR AND MASTOID PROCESS 380-389	380	200	79	62	39
16	VII. DISEASES OF THE CIRCULATORY SYSTEM 390-459	4,907	43	532	1,673	2,659
17	ESSENTIAL HYPERTENSION 401	298	2	61	124	111
18	HEART DISEASE 402-429	3,065	27	240	1,114	1,684
19	ACUTE MYOCARDIAL INFARCTION 410	433	*1	26	187	219
20	ATHEROSCLEROTIC HEART DISEASE 414.0	592	3	22	184	383
21	OTHER ISCHEMIC HEART DISEASE 411-413,414.1-414.9	714	2	61	365	285
22	CONGESTIVE HEART FAILURE 428.0	377	5	6	68	298
23	CEREBROVASCULAR DISEASE 430-438	747	4	26	163	554
24	VIII. DISEASES OF THE RESPIRATORY SYSTEM 460-519	3,309	1,086	798	621	804
25	ACUTE BRONCHITIS AND BRONCHIOLITIS 466	236	107	34	44	50
26	OTHER ACUTE UPPER RESPIRATORY INFECTIONS, EXCEPT INFLUENZA 460-465	298	190	73	17	19
27	CHRONIC DISEASE OF TONSILS AND ADENOIDS 474	497	320	171	5	*0
28	PNEUMONIA, ALL FORMS 480-486	756	255	120	125	256
29	ASTHMA 493	339	99	94	83	63
30	IX. DISEASES OF THE DIGESTIVE SYSTEM 520-579	4,604	484	1,594	1,324	1,202
31	ULCERS OF THE STOMACH AND SMALL INTESTINE 531-534	356	5	101	134	116
32	GASTRITIS AND DUODENITIS 535	298	17	127	95	59
33	APPENDICITIS 540-543	278	71	167	28	12
34	INGUINAL HERNIA 550	475	84	134	141	116
35	NONINFECTIOUS ENTERITIS AND COLITIS 555-558	616	196	205	106	109
36	CHOLELITHIASIS 574	447	2	159	159	127
37	X. DISEASES OF THE GENITOURINARY SYSTEM 580-629	3,514	188	1,809	894	624
38	CALCULUS OF KIDNEY AND URETER 592	290	4	140	107	40
39	DISORDERS OF MENSTRUATION AND OTHER ABNORMAL VAGINAL BLEEDING 626	450	4	350	94	*1
40	XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM 1/ 630-676	989	9	976	4	...
41	ALL ABORTIONS, INCLUDING ECTOPIC AND MOLAR PREGNANCIES 630-639	536	6	528	2	...
42	XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE 680-709	600	81	251	144	124
43	XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE 710-739	2,086	80	854	698	454
44	ARTHROPATHIES AND RELATED DISORDERS 710-719	481	19	166	138	158
45	INTERVERTEBRAL DISC DISORDERS 722	385	*1	192	157	35
46	XIV. CONGENITAL ANOMALIES 740-759	332	160	99	53	21
47	XV. CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD 760-779	72	71	*1	*0	-
48	XVI. SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS 780-799	644	119	273	164	88
49	XVII. INJURY AND POISONING 800-999	3,635	493	1,805	650	686
50	FRACTURES, ALL SITES 800-829	1,180	155	434	215	375
51	SPRAINS AND STRAINS OF BACK (INCLUDING NECK) 846-847	339	5	212	92	31
52	INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE) 850-854	309	90	166	28	24
53	LACERATIONS AND OPEN WOUNDS 870-904	359	46	232	51	30
54	SUPPLEMENTARY CLASSIFICATIONS V01-V82	4,302	57	4,080	106	59
55	PERSONS ADMITTED FOR STERILIZATION V25.2	268	*0	262	6	*0
56	FEMALES WITH DELIVERIES V27	3,646	13	3,607	27	...

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 13. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTH OF STAY, BY CATEGORY OF FIRST-LISTED DIAGNOSIS AND AGE: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

ALL AGES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER	ALL AGES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER	
RATE OF PATIENTS DISCHARGED PER 10,000 POPULATION					AVERAGE LENGTH OF STAY IN DAYS					
1,702.1	726.9	1,565.3	1,962.3	3,888.0	7.2	4.3	5.2	8.2	10.8	01
27.6	36.4	21.6	22.8	43.1	7.2	4.5	5.8	9.8	12.1	02
111.2	13.1	49.0	198.4	423.3	10.6	7.3	7.1	10.3	12.8	03
80.8	7.5	17.4	149.7	378.3	12.3	9.0	10.6	11.6	13.3	04
30.4	5.5	31.5	48.7	45.0	6.2	4.9	5.2	6.6	8.4	05
49.0	12.5	27.6	78.2	163.5	9.5	7.0	7.6	9.1	11.6	06
27.8	4.1	13.7	49.8	97.6	10.1	7.1	7.5	9.7	12.3	07
16.1	14.9	9.7	12.3	53.1	7.3	4.2	5.8	8.1	9.8	08
79.8	9.9	99.3	106.9	96.8	11.0	11.3	10.8	10.4	13.4	09
23.7	0.7	30.5	27.6	36.9	14.5	40.7	14.0	14.6	15.2	10
20.3	0.4	22.7	41.6	13.4	9.3	*3.9	9.7	8.8	9.6	11
75.3	67.3	37.0	87.4	232.3	5.5	3.2	5.5	5.9	6.5	12
17.3	11.1	13.5	20.4	40.6	10.5	7.3	8.3	10.9	15.2	13
17.7	0.6	1.6	18.3	121.8	3.8	3.8	3.6	3.6	3.9	14
17.6	40.0	7.9	14.2	16.8	3.0	2.3	3.1	3.9	5.4	15
227.3	8.6	53.7	384.9	1,137.7	9.9	9.3	7.0	8.9	11.1	16
13.8	0.5	6.2	28.5	47.4	6.7	5.0	5.7	6.9	7.0	17
142.0	5.4	24.2	256.1	720.7	9.6	8.6	7.3	8.6	10.5	18
20.1	*0.2	2.6	43.1	93.7	12.6	*12.1	11.7	12.6	12.7	19
27.4	0.5	2.3	42.2	164.1	9.7	10.9	7.3	7.9	10.7	20
33.1	0.5	6.2	84.0	121.9	7.7	8.1	5.6	7.2	8.8	21
17.5	1.0	0.6	15.5	127.7	10.7	13.6	8.3	9.5	11.0	22
34.6	0.8	2.6	37.4	237.1	12.4	21.9	10.8	11.0	12.8	23
153.3	216.8	80.7	142.8	344.2	6.2	3.6	4.3	7.8	10.3	24
10.9	21.4	3.5	10.0	21.6	5.8	4.5	5.0	6.5	8.6	25
13.8	37.8	7.4	4.0	8.0	3.9	3.3	4.1	5.0	7.6	26
23.0	64.0	17.3	1.2	*0.1	2.0	1.8	2.3	2.2	*1.5	27
35.0	50.9	12.2	28.7	109.6	8.0	5.2	6.6	9.0	10.8	28
15.7	19.8	9.5	19.0	26.9	6.1	3.8	4.9	7.6	9.4	29
213.3	96.7	161.1	304.5	514.4	6.9	4.1	5.5	7.5	9.4	30
16.5	1.0	10.2	30.9	49.5	7.9	4.9	5.8	8.0	9.7	31
13.8	3.4	12.9	22.0	25.1	5.3	3.3	4.5	5.6	7.3	32
12.9	14.1	16.9	6.5	5.0	5.8	5.1	5.2	8.5	12.0	33
22.0	16.8	13.5	32.5	49.6	4.9	2.4	4.2	5.4	7.1	34
28.5	39.1	20.8	24.3	46.5	5.4	4.2	4.9	6.3	7.6	35
20.7	0.4	16.1	36.5	54.4	9.8	6.5	8.0	9.3	12.7	36
162.8	37.4	182.8	205.7	266.8	5.7	3.5	4.6	5.9	9.5	37
13.4	0.7	14.1	24.6	17.0	5.3	3.3	4.1	5.8	8.6	38
20.8	0.8	35.4	21.6	0.6	3.4	3.2	3.2	3.8	4.8	39
45.8	1.8	98.7	0.9	...	2.5	2.0	2.5	2.9	...	40
24.8	1.2	53.3	0.5	...	2.2	1.7	2.2	*2.1	...	41
27.8	16.1	25.4	33.1	53.0	7.6	4.8	5.5	8.7	12.5	42
96.6	16.0	86.3	160.5	194.3	8.3	6.1	6.6	8.6	11.2	43
22.3	3.8	16.7	31.8	67.7	9.6	6.4	6.5	10.0	13.0	44
17.8	*0.1	19.4	36.2	15.0	9.8	*7.2	9.0	10.6	10.7	45
15.4	31.9	10.0	12.1	9.1	6.1	5.5	6.0	7.6	6.5	46
3.3	14.1	*0.1	*0.0	-	7.8	7.8	*8.0	* 3.0	-	47
29.8	23.7	27.6	37.8	37.5	4.8	3.8	4.2	5.1	7.3	48
168.4	98.5	182.5	149.6	293.6	7.4	4.4	5.8	8.3	12.9	49
54.7	31.0	43.9	49.4	160.7	10.5	5.4	7.5	10.1	16.3	50
15.7	0.9	21.4	21.1	13.1	7.4	4.1	7.1	7.9	8.2	51
14.3	18.0	16.8	6.5	10.4	5.0	2.6	5.0	7.0	11.3	52
16.6	9.1	23.5	11.8	12.8	4.8	3.5	4.6	5.3	7.4	53
199.3	11.3	412.4	24.5	25.3	3.7	3.8	3.6	5.1	7.0	54
12.4	*0.0	26.5	1.4	*0.8	2.2	*1.0	2.2	2.5	*8.0	55
168.9	2.5	364.5	8.1	...	3.7	3.8	3.7	3.9	...	56

TABLE 14. NUMBER OF DISCHARGES AND AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY CATEGORY OF FIRST-LISTED DIAGNOSIS, SEX, AND COLOR; AND RATE OF DISCHARGES BY CATEGORY OF FIRST-LISTED DIAGNOSIS AND SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

	CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	SEX					
		TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
		NUMBER OF PATIENTS DISCHARGED IN THOUSANDS			RATE OF DISCHARGES PER 10,000 POPULATION		
01	ALL CONDITIONS	36,747	14,705	22,042	1,702.1	1,411.5	1,973.2
02	I. INFECTIOUS AND PARASITIC DISEASES....001-139	596	277	319	27.6	26.6	28.6
03	II. NEOPLASMS....140-239	2,402	994	1,408	111.2	95.4	126.0
04	MALIGNANT NEOPLASMS....140-208	1,745	846	899	80.8	81.2	80.5
05	BENIGN NEOPLASMS, CARCINOMA IN SITU, AND NEOPLASMS OF UNCERTAIN BEHAVIOR....210-239	656	148	509	30.4	14.2	45.6
06	III. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS....240-279	1,057	376	682	49.0	36.1	61.0
07	DIABETES MELLITUS....250	600	227	374	27.8	21.7	33.4
08	IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS..280-289	348	155	193	16.1	14.8	17.3
09	V. MENTAL DISORDERS....290-319	1,723	887	836	79.8	85.2	74.9
10	PSYCHOSES....290-299	512	246	266	23.7	23.6	23.8
11	ALCOHOL DEPENDENCE SYNDROME....303	439	341	98	20.3	32.8	8.8
12	VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS 320-389	1,626	714	912	75.3	68.5	81.7
13	DISEASES OF THE CENTRAL NERVOUS SYSTEM....320-336,340-349	373	172	201	17.3	16.5	18.0
14	CATARACT....366	383	155	228	17.7	14.8	20.4
15	DISEASES OF THE EAR AND MASTOID PROCESS....380-389	380	190	189	17.6	18.3	17.0
16	VII. DISEASES OF THE CIRCULATORY SYSTEM....390-459	4,907	2,471	2,436	227.3	237.2	218.1
17	ESSENTIAL HYPERTENSION....401	298	118	181	13.8	11.3	16.2
18	HEART DISEASE....402-429	3,065	1,640	1,425	142.0	157.4	127.6
19	ACUTE MYOCARDIAL INFARCTION....410	433	271	162	20.1	26.0	14.5
20	ATHEROSCLEROTIC HEART DISEASE....414.0	592	317	275	27.4	30.4	24.6
21	OTHER ISCHEMIC HEART DISEASE....411-413,414.1-414.9	714	426	287	33.1	40.9	25.7
22	CONGESTIVE HEART FAILURE....428.0	377	174	203	17.5	16.7	18.2
23	CEREBROVASCULAR DISEASE....430-438	747	335	411	34.6	32.2	36.8
24	VIII. DISEASES OF THE RESPIRATORY SYSTEM....460-519	3,309	1,679	1,630	153.3	161.2	145.9
25	ACUTE BRONCHITIS AND BRONCHIOLITIS....466	236	112	124	10.9	10.7	11.1
26	OTHER ACUTE UPPER RESPIRATORY INFECTIONS, EXCEPT INFLUENZA...460-465	298	150	149	13.8	14.4	13.3
27	CHRONIC DISEASE OF TONSILS AND ADENOIDS....474	497	215	282	23.0	20.6	25.3
28	PNEUMONIA, ALL FORMS....480-486	756	403	353	35.0	38.7	31.6
29	ASTHMA....493	339	143	196	15.7	13.8	17.5
30	IX. DISEASES OF THE DIGESTIVE SYSTEM....520-579	4,604	2,195	2,409	213.3	210.7	215.7
31	ULCERS OF THE STOMACH AND SMALL INTESTINE....531-534	356	194	162	16.5	18.6	14.5
32	GASTRITIS AND DUODENITIS....535	298	140	158	13.8	13.5	14.2
33	APPENDICITIS....540-543	278	158	120	12.9	15.2	10.8
34	INGUINAL HERNIA....550	475	427	48	22.0	40.9	4.3
35	NONINFECTIOUS ENTERITIS AND COLITIS....555-558	616	259	357	28.5	24.9	31.9
36	CHOLELITHIASIS....574	447	122	324	20.7	11.7	29.0
37	X. DISEASES OF THE GENITOURINARY SYSTEM....580-629	3,514	1,042	2,472	162.8	100.1	221.3
38	CALCULUS OF KIDNEY AND URETER....592	290	197	93	13.4	18.9	8.3
39	DISORDERS OF MENSTRUATION AND OTHER ABNORMAL VAGINAL BLEEDING....626	450	...	450	20.8	...	40.3
40	XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM....2/ 630-676	989	...	989	45.8	...	88.5
41	ALL ABORTIONS, INCLUDING ECTOPIC AND MOLAR PREGNANCIES....630-639	536	...	536	24.8	...	48.0
42	XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE....680-709	600	284	316	27.8	27.3	28.3
43	XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE....710-739	2,086	905	1,181	96.6	86.8	105.7
44	ARTHROPATHIES AND RELATED DISORDERS....710-719	481	193	288	22.3	18.5	25.8
45	INTERVERTEBRAL DISC DISORDERS....722	385	212	173	17.8	20.3	15.5
46	XIV. CONGENITAL ANOMALIES....740-759	332	167	165	15.4	16.0	14.8
47	XV. CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD....760-779	72	40	31	3.3	3.9	2.8
48	XVI. SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS....780-799	644	295	348	29.8	28.4	31.2
49	XVII. INJURY AND POISONING....800-999	3,635	2,057	1,578	168.4	197.5	141.3
50	FRACTURES, ALL SITES....800-829	1,180	609	571	54.7	58.4	51.1
51	SPRAINS AND STRAINS OF BACK (INCLUDING NECK)....846-847	339	166	173	15.7	15.9	15.5
52	INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE)..850-854	309	192	117	14.3	18.4	10.5
53	LACERATIONS AND OPEN WOUNDS....870-904	359	269	89	16.6	25.9	8.0
54	SUPPLEMENTARY CLASSIFICATIONS....V01-V82	4,302	166	4,136	199.3	15.9	370.3
55	PERSONS ADMITTED FOR STERILIZATION....V25.2	268	9	259	12.4	0.9	23.2
56	FEMALES WITH DELIVERIES....V27	3,646	...	3,646	168.9	...	326.4

1/ INCLUDES DISCHARGE DATA FOR WHICH COLOR WAS NOT STATED.
2/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 14. NUMBER OF DISCHARGES AND AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY CATEGORY OF FIRST-LISTED DIAGNOSIS, SEX, AND COLOR: AND RATE OF DISCHARGES BY CATEGORY OF FIRST-LISTED DIAGNOSIS AND SEX: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

SEX--CON.			COLOR						
TOTAL	MALE	FEMALE	1/ TOTAL	WHITE	ALL OTHER	1/ TOTAL	WHITE	ALL OTHER	
AVERAGE LENGTH OF STAY IN DAYS			NUMBER OF PATIENTS DISCHARGED IN THOUSANDS			AVERAGE LENGTH OF STAY IN DAYS			
7.2	7.7	6.9	36,747	27,451	4,572	7.2	7.2	7.4	01
7.2	7.5	6.9	596	444	85	7.2	7.0	8.6	02
10.6	11.4	10.1	2,402	1,819	279	10.6	10.6	11.3	03
12.3	12.3	12.4	1,745	1,355	175	12.3	12.2	13.8	04
6.2	6.1	6.2	656	464	104	6.2	5.9	7.2	05
9.5	8.7	9.9	1,057	780	162	9.5	9.1	11.1	06
10.1	9.4	10.6	600	423	109	10.1	10.1	10.9	07
7.3	6.7	7.7	348	241	73	7.3	7.3	7.2	08
11.0	10.5	11.6	1,723	1,233	232	11.0	11.1	10.4	09
14.5	13.1	15.9	512	383	75	14.5	14.7	14.2	10
9.3	9.3	9.2	439	261	80	9.3	9.1	8.1	11
5.5	5.5	5.4	1,626	1,218	161	5.5	5.4	7.2	12
10.5	10.8	10.3	373	281	49	10.5	10.4	11.9	13
3.8	3.8	3.9	383	292	31	3.8	3.9	4.6	14
3.0	2.8	3.3	380	277	30	3.0	3.1	3.8	15
9.9	9.6	10.2	4,907	3,858	496	9.9	9.8	11.2	16
6.7	6.7	6.7	298	214	57	6.7	6.4	7.8	17
9.6	9.2	10.0	3,065	2,460	273	9.6	9.6	10.6	18
12.6	12.5	12.8	433	355	27	12.6	12.6	14.8	19
9.7	8.9	10.6	592	489	32	9.7	9.8	10.9	20
7.7	7.3	8.2	714	603	47	7.7	7.7	8.2	21
10.7	10.4	11.0	377	287	48	10.7	10.9	10.9	22
12.4	12.1	12.6	747	574	81	12.4	11.8	15.4	23
6.2	6.2	6.1	3,309	2,529	360	6.2	6.2	6.5	24
5.8	5.5	6.1	236	180	27	5.8	5.8	6.2	25
3.9	3.7	4.1	298	220	39	3.9	3.8	4.2	26
2.0	1.8	2.1	497	368	38	2.0	2.0	2.4	27
8.0	7.8	8.2	756	573	102	8.0	8.0	8.3	28
6.1	5.5	6.5	339	235	68	6.1	6.4	5.0	29
6.9	6.5	7.4	4,604	3,572	465	6.9	6.9	7.5	30
7.9	7.6	8.3	356	278	37	7.9	7.9	8.3	31
5.3	5.1	5.6	298	235	35	5.3	5.4	5.6	32
5.8	5.6	6.1	278	220	23	5.8	5.7	7.7	33
4.9	4.9	5.2	475	360	44	4.9	5.0	4.9	34
5.4	4.8	5.8	616	486	57	5.4	5.4	4.7	35
9.8	10.6	9.5	447	357	38	9.8	9.8	10.3	36
5.7	6.8	5.3	3,514	2,650	426	5.7	5.8	6.0	37
5.3	4.9	6.2	290	238	16	5.3	5.4	6.7	38
3.4	---	3.4	450	330	54	3.4	3.4	3.1	39
2.5	---	2.5	989	631	239	2.5	2.6	2.6	40
2.2	---	2.2	536	332	146	2.2	2.2	2.2	41
7.6	7.4	7.8	600	448	83	7.6	7.5	8.8	42
8.3	7.6	8.8	2,086	1,560	196	8.3	8.3	8.4	43
9.6	8.2	10.6	481	360	47	9.6	9.7	9.6	44
9.8	9.1	10.7	385	288	27	9.8	9.8	10.6	45
6.1	6.1	6.0	332	255	35	6.1	6.2	6.0	46
7.8	8.0	7.4	72	50	13	7.8	6.8	12.7	47
4.8	4.8	4.7	644	483	76	4.8	4.7	5.4	48
7.4	6.6	8.5	3,635	2,675	458	7.4	7.4	7.8	49
10.5	8.8	12.3	1,180	892	103	10.5	10.5	10.9	50
7.4	6.9	7.8	339	240	49	7.4	7.3	7.9	51
5.0	4.7	5.5	309	229	44	5.0	4.9	5.1	52
4.8	4.7	5.1	359	245	73	4.8	4.8	5.2	53
3.7	5.1	3.7	4,302	3,005	735	3.7	3.7	4.0	54
2.2	1.5	2.2	268	198	38	2.2	2.2	2.4	55
3.7	---	3.7	3,646	2,519	650	3.7	3.7	4.0	56

TABLE 15. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTH OF STAY, BY CATEGORY OF FIRST-LISTED DIAGNOSIS AND GEOGRAPHIC REGION: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

	CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	ALL REGIONS	NORTH-EAST	NORTH CENTRAL	SOUTH	WEST
		NUMBER OF PATIENTS DISCHARGED IN THOUSANDS				
01	ALL CONDITIONS	36,747	7,786	10,647	12,425	5,889
02	I. INFECTIOUS AND PARASITIC DISEASES....001-139	596	128	158	225	85
03	II. NEOPLASMS....140-239	2,402	627	695	670	409
04	MALIGNANT NEOPLASMS....140-208	1,745	446	523	471	305
05	BENIGN NEOPLASMS, CARCINOMA IN SITU, AND NEOPLASMS OF UNCERTAIN BEHAVIOR....210-239	656	181	173	199	104
06	III. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS....240-279	1,057	216	322	382	138
07	DIABETES MELLITUS....250	600	139	173	221	68
08	IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS....280-289	348	83	96	112	56
09	V. MENTAL DISORDERS....290-319	1,723	503	531	424	266
10	PSYCHOSES....290-299	512	137	151	122	107
11	ALCOHOL DEPENDENCE SYNDROME....303	439	217	118	55	50
12	VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS....320-389	1,626	347	517	474	288
13	DISEASES OF THE CENTRAL NERVOUS SYSTEM....320-336,340-349	373	79	113	127	54
14	CATARACT....366	383	98	110	103	72
15	DISEASES OF THE EAR AND MASTOID PROCESS....380-389	380	75	132	111	62
16	VII. DISEASES OF THE CIRCULATORY SYSTEM....390-459	4,907	1,094	1,350	1,715	748
17	ESSENTIAL HYPERTENSION....401	298	49	91	130	28
18	HEART DISEASE....402-429	3,065	716	803	1,057	489
19	ACUTE MYOCARDIAL INFARCTION....410	433	111	109	142	71
20	ATHEROSCLEROTIC HEART DISEASE....414.0	592	168	152	199	73
21	OTHER ISCHEMIC HEART DISEASE....411-413,414.1-414.9	714	149	187	247	131
22	CONGESTIVE HEART FAILURE....428.0	377	88	101	130	58
23	CEREBROVASCULAR DISEASE....430-438	747	159	220	255	112
24	VIII. DISEASES OF THE RESPIRATORY SYSTEM....460-519	3,309	611	968	1,255	476
25	ACUTE BRONCHITIS AND BRONCHIOLITIS....466	236	38	70	105	23
26	OTHER ACUTE UPPER RESPIRATORY INFECTIONS, EXCEPT INFLUENZA....460-465	298	45	87	138	28
27	CHRONIC DISEASE OF TONSILS AND ADENOIDS....474	497	81	177	149	90
28	PNEUMONIA, ALL FORMS....480-486	756	131	195	339	91
29	ASTHMA....493	339	83	93	107	56
30	IX. DISEASES OF THE DIGESTIVE SYSTEM....520-579	4,604	946	1,319	1,690	649
31	ULCERS OF THE STOMACH AND SMALL INTESTINE....531-534	356	61	98	148	49
32	GASTRITIS AND DUODENITIS....535	298	40	76	156	26
33	APPENDICITIS....540-543	278	54	84	86	54
34	INGUINAL HERNIA....550	475	125	142	126	81
35	NONINFECTIOUS ENTERITIS AND COLITIS....555-558	616	100	170	267	78
36	CHOLELITHIASIS....574	447	105	119	159	63
37	X. DISEASES OF THE GENITOURINARY SYSTEM....580-629	3,514	724	1,017	1,295	478
38	CALCULUS OF KIDNEY AND URETER....592	290	56	76	119	39
39	DISORDERS OF MENSTRUATION AND OTHER ABNORMAL VAGINAL BLEEDING....626	450	108	133	161	49
40	XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM....1/ 630-676	989	266	281	299	143
41	ALL ABORTIONS, INCLUDING ECTOPIC AND MOLAR PREGNANCIES....630-639	536	182	139	137	78
42	XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE....680-709	600	134	179	196	92
43	XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE....710-739	2,086	350	667	682	387
44	ARTHROPATHIES AND RELATED DISORDERS....710-719	481	85	161	140	95
45	INTERVERTEBRAL DISC DISORDERS....722	385	57	119	122	87
46	XIV. CONGENITAL ANOMALIES....740-759	332	71	109	94	59
47	XV. CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD....760-779	72	12	18	22	20
48	XVI. SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS....780-799	644	118	188	232	106
49	XVII. INJURY AND POISONING....800-999	3,635	679	1,030	1,211	715
50	FRACTURES, ALL SITES....800-829	1,180	237	340	355	247
51	SPRAINS AND STRAINS OF BACK (INCLUDING NECK)....846-847	339	44	90	162	43
52	INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE)....850-854	309	76	92	85	56
53	LACERATIONS AND OPEN WOUNDS....870-904	359	61	93	130	75
54	SUPPLEMENTARY CLASSIFICATIONS....V01-V82	4,302	876	1,202	1,448	777
55	PERSONS ADMITTED FOR STERILIZATION....V25.2	268	65	67	103	32
56	FEMALES WITH DELIVERIES....V27	3,646	726	1,012	1,235	673

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 15. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTH OF STAY, BY CATEGORY OF FIRST-LISTED DIAGNOSIS AND GEOGRAPHIC REGION: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

ALL REGIONS	NORTHEAST	NORTH CENTRAL	SOUTH	WEST	ALL REGIONS	NORTHEAST	NORTH CENTRAL	SOUTH	WEST	
RATE OF PATIENTS DISCHARGED PER 10,000 POPULATION					AVERAGE LENGTH OF STAY IN DAYS					
1,702.1	1,614.2	1,851.2	1,776.5	1,465.1	7.2	8.4	7.4	6.8	6.0	01
27.6	26.6	27.5	32.1	21.0	7.2	8.6	7.1	6.6	6.6	02
111.2	130.0	120.9	95.8	101.8	10.6	12.3	10.6	10.3	8.6	03
80.8	92.4	90.9	67.4	76.0	12.3	14.6	12.0	12.0	9.9	04
30.4	37.5	30.0	28.5	25.8	6.2	6.7	6.2	6.2	5.0	05
49.0	44.7	56.0	54.6	34.3	9.5	11.8	9.6	8.7	7.7	06
27.8	28.9	30.0	31.5	16.9	10.1	12.9	10.3	8.7	8.5	07
16.1	17.3	16.7	16.0	14.0	7.3	8.5	7.8	6.8	5.3	08
79.8	104.3	92.4	60.6	66.1	11.0	10.9	13.2	9.4	9.4	09
23.7	27.1	26.3	17.5	26.7	14.5	15.9	15.9	13.1	12.7	10
20.3	44.9	20.5	7.8	12.3	9.3	7.4	14.8	6.6	7.1	11
75.3	72.0	90.0	67.7	71.6	5.5	6.3	5.5	5.5	4.4	12
17.3	16.4	19.7	18.1	13.5	10.5	13.6	10.4	9.3	9.4	13
17.7	20.4	19.1	14.7	17.9	3.8	3.8	4.1	3.9	3.3	14
17.6	15.5	22.9	15.9	15.5	3.0	3.1	3.0	3.4	2.5	15
227.3	226.8	234.7	245.3	186.1	9.9	12.1	10.0	9.2	8.0	16
13.8	10.1	15.8	18.6	7.1	6.7	8.6	7.0	6.1	5.0	17
142.0	148.5	139.6	151.1	121.7	9.6	11.6	9.9	8.9	7.5	18
20.1	23.0	19.0	20.2	17.7	12.6	14.5	13.6	11.8	9.7	19
27.4	34.8	26.3	28.5	18.2	9.7	11.7	9.4	9.3	7.1	20
33.1	30.9	32.5	35.3	32.6	7.7	9.3	8.2	7.1	6.2	21
17.5	18.3	17.6	18.5	14.4	10.7	13.5	10.7	9.4	9.3	22
34.6	32.9	38.3	36.5	28.0	12.4	15.9	12.0	11.3	10.4	23
153.3	126.6	168.4	179.4	118.4	6.2	7.1	5.9	6.2	5.3	24
10.9	7.8	12.2	15.1	5.7	5.8	6.6	6.1	5.7	4.3	25
13.8	9.4	15.2	19.7	7.0	3.9	4.2	4.3	3.7	2.8	26
23.0	16.9	30.7	21.3	22.3	2.0	1.7	2.0	2.2	1.8	27
35.0	27.2	33.8	48.5	22.6	8.0	9.2	8.2	7.4	7.6	28
15.7	17.1	16.2	15.3	14.0	6.1	6.3	6.3	6.0	5.4	29
213.3	196.1	229.3	241.6	161.6	6.9	8.1	6.9	6.6	6.1	30
16.5	12.7	17.0	21.2	12.2	7.9	10.0	7.9	7.4	6.6	31
13.8	8.4	13.2	22.3	6.5	5.3	6.5	5.8	5.0	4.1	32
12.9	11.3	14.7	12.3	13.3	5.8	7.0	5.8	5.7	5.0	33
22.0	25.9	24.8	18.1	20.2	4.9	5.2	5.1	5.2	3.8	34
28.5	20.7	29.6	38.1	19.5	5.4	6.3	5.7	4.9	5.1	35
20.7	21.7	20.7	22.7	15.8	9.8	11.5	9.9	9.5	7.7	36
162.8	150.1	176.8	185.2	118.9	5.7	6.0	5.9	5.7	5.2	37
13.4	11.7	13.1	17.0	9.7	5.3	6.5	5.5	4.9	4.5	38
20.8	22.4	23.1	22.9	12.1	3.4	3.0	3.4	3.7	3.2	39
45.8	55.2	48.9	42.7	35.5	2.5	2.6	2.5	2.7	2.2	40
24.8	37.7	24.2	19.6	19.3	2.2	2.0	2.1	2.6	1.9	41
27.8	27.7	31.1	28.0	22.8	7.6	9.5	7.1	7.0	7.3	42
96.6	72.7	115.9	97.5	96.2	8.3	10.1	8.5	7.9	6.9	43
22.3	17.6	27.9	20.0	23.7	9.6	11.4	10.0	9.0	8.4	44
17.8	11.8	20.7	17.4	21.7	9.8	11.8	10.2	9.9	7.9	45
15.4	14.8	19.0	13.4	14.6	6.1	6.8	5.9	5.7	6.1	46
3.3	2.5	3.1	3.1	4.9	7.8	8.1	5.8	9.0	7.9	47
29.8	24.6	32.6	33.2	26.3	4.8	5.8	4.6	4.6	4.4	48
168.4	140.7	179.0	173.2	178.0	7.4	8.8	7.4	7.4	6.1	49
54.7	49.1	59.2	50.8	61.6	10.5	12.9	10.6	10.4	8.2	50
15.7	9.2	15.6	23.2	10.6	7.4	9.6	7.3	7.2	5.7	51
14.3	15.7	15.9	12.2	14.0	5.0	4.5	5.1	5.5	4.7	52
16.6	12.6	16.2	18.6	18.6	4.8	5.6	4.9	4.7	4.1	53
199.3	181.6	208.9	207.0	193.2	3.7	4.2	4.0	3.6	2.9	54
12.4	13.5	11.7	14.7	8.0	2.2	2.4	2.2	2.3	1.7	55
168.9	150.6	176.0	176.6	167.3	3.7	4.4	4.1	3.5	2.9	56

TABLE 16. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND AVERAGE LENGTH OF STAY, BY CATEGORY OF FIRST-LISTED DIAGNOSIS AND BED SIZE OF HOSPITAL: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	ALL SIZES	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE
	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS					
ALL CONDITIONS	36,747	7,020	6,348	6,493	8,615	8,270
I. INFECTIOUS AND PARASITIC DISEASES.....001-139	596	117	107	103	131	139
II. NEOPLASMS.....140-239	2,402	247	328	407	646	774
MALIGNANT NEOPLASMS.....140-208	1,745	175	228	289	482	571
BENIGN NEOPLASMS, CARCINOMA IN SITU, AND NEOPLASMS OF UNCERTAIN BEHAVIOR.....210-239	656	71	100	118	164	203
III. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	1,057	217	174	190	253	223
DIABETES MELLITUS.....250	600	133	103	109	149	107
IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS..280-289	348	71	50	61	87	80
V. MENTAL DISORDERS.....290-319	1,723	449	257	246	402	370
PSYCHOSES.....290-299	512	86	76	68	142	140
ALCOHOL DEPENDENCE SYNDROME.....303	439	213	53	47	74	52
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS 320-389	1,626	199	259	267	461	440
DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	373	56	57	61	94	106
CATARACT.....366	383	34	70	63	122	93
DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	380	41	65	72	112	90
VII. DISEASES OF THE CIRCULATORY SYSTEM.....390-459	4,907	988	861	877	1,147	1,034
ESSENTIAL HYPERTENSION.....401	298	77	53	54	62	52
HEART DISEASE.....402-429	3,065	621	537	535	721	650
ACUTE MYOCARDIAL INFARCTION.....410	433	106	73	74	103	78
ATHEROSCLEROTIC HEART DISEASE.....414.0	592	86	102	125	144	135
OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	714	163	124	112	165	149
CONGESTIVE HEART FAILURE.....428.0	377	90	70	67	85	65
CEREBROVASCULAR DISEASE.....430-438	747	156	140	133	170	147
VIII. DISEASES OF THE RESPIRATORY SYSTEM.....460-519	3,309	897	633	563	680	536
ACUTE BRONCHITIS AND BRONCHIOLITIS.....466	236	77	52	37	49	21
OTHER ACUTE UPPER RESPIRATORY INFECTIONS, EXCEPT INFLUENZA...460-465	298	95	69	45	55	33
CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	497	79	98	107	126	88
PNEUMONIA, ALL FORMS.....480-486	756	274	137	108	134	103
ASTHMA.....493	339	71	62	56	82	68
IX. DISEASES OF THE DIGESTIVE SYSTEM.....520-579	4,604	1,055	821	850	1,030	847
ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	356	91	67	61	81	56
GASTRITIS AND DUODENITIS.....535	298	110	55	54	45	33
APPENDICITIS.....540-543	278	63	51	58	56	50
INGUINAL HERNIA.....550	475	78	85	87	119	106
NONINFECTIOUS ENTERITIS AND COLITIS.....555-558	616	184	117	101	131	83
CHOLELITHIASIS.....574	447	89	76	93	109	79
X. DISEASES OF THE GENITOURINARY SYSTEM.....580-629	3,514	588	669	670	811	777
CALCULUS OF KIDNEY AND URETER.....592	290	57	52	61	67	53
DISORDERS OF MENSTRUATION AND OTHER ABNORMAL VAGINAL BLEEDING....626	450	69	94	83	102	102
XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM.....1/ 630-676	989	133	193	171	228	264
ALL ABORTIONS, INCLUDING ECTOPIC AND MOLAR PREGNANCIES.....630-639	536	62	104	87	117	166
XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE....680-709	600	125	95	98	143	140
XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	2,086	361	341	398	487	499
ARTHROPATHIES AND RELATED DISORDERS.....710-719	481	68	69	86	130	128
INTERVERTEBRAL DISC DISORDERS.....722	385	49	63	90	92	91
XIV. CONGENITAL ANOMALIES.....740-759	332	31	34	53	89	125
XV. CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	72	11	8	13	22	19
XVI. SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	644	130	113	115	134	152
XVII. INJURY AND POISONING.....800-999	3,635	761	636	638	863	738
FRACTURES, ALL SITES.....800-829	1,180	197	208	232	291	252
SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	339	114	77	48	54	46
INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE)..850-854	309	65	53	50	81	59
LACERATIONS AND OPEN WOUNDS.....870-904	359	78	59	57	84	81
SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	4,302	641	769	773	1,004	1,115
PERSONS ADMITTED FOR STERILIZATION.....V25.2	268	52	60	54	53	50
FEMALES WITH DELIVERIES.....V27	3,646	540	650	652	860	944

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 16. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND AVERAGE LENGTH OF STAY, BY CATEGORY OF FIRST-LISTED DIAGNOSIS AND BED SIZE OF HOSPITAL: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	ALL SIZES	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE
	AVERAGE LENGTH OF STAY IN DAYS					
ALL CONDITIONS	7.2	5.9	6.6	7.2	7.7	8.1
I. INFECTIOUS AND PARASITIC DISEASES.....001-139	7.2	5.9	5.6	7.4	7.7	8.8
II. NEOPLASMS.....140-239	10.6	8.3	10.1	10.3	11.2	11.3
MALIGNANT NEOPLASMS.....140-208	12.3	9.6	12.0	12.1	12.8	12.9
BENIGN NEOPLASMS, CARCINOMA IN SITU, AND NEOPLASMS OF UNCERTAIN BEHAVIOR.....210-239	6.2	4.9	5.8	6.0	6.3	6.7
III. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	9.5	7.4	8.9	10.3	10.4	10.3
DIABETES MELLITUS.....250	10.1	8.0	9.7	10.6	10.7	12.0
IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS..280-289	7.3	5.7	6.7	8.0	7.0	8.7
V. MENTAL DISORDERS.....290-319	11.0	9.6	9.9	10.1	11.3	13.8
PSYCHOSES.....290-299	14.5	12.9	13.4	12.6	14.1	17.5
ALCOHOL DEPENDENCE SYNDROME.....303	9.3	9.4	9.8	9.8	8.3	9.4
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS 320-389	5.5	5.2	4.7	5.5	5.0	6.4
DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	10.5	8.8	7.8	11.2	10.7	12.4
CATARACT.....366	3.8	3.7	3.9	4.1	3.5	4.1
DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	3.0	3.6	3.4	2.9	2.6	3.1
VII. DISEASES OF THE CIRCULATORY SYSTEM.....390-459	9.9	7.8	9.3	10.5	10.7	10.9
ESSENTIAL HYPERTENSION.....401	6.7	5.7	6.5	6.4	7.6	7.5
HEART DISEASE.....402-429	9.6	7.6	9.0	10.5	10.2	10.5
ACUTE MYOCARDIAL INFARCTION.....410	12.6	10.6	12.5	14.5	13.0	13.1
ATHEROSCLEROTIC HEART DISEASE.....414.0	9.7	8.2	8.8	10.2	10.3	10.4
OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	7.7	5.5	7.1	7.7	9.0	9.0
CONGESTIVE HEART FAILURE.....428.0	10.7	7.9	9.3	12.6	12.2	12.1
CEREBROVASCULAR DISEASE.....430-438	12.4	9.7	10.9	13.2	13.8	14.0
VIII. DISEASES OF THE RESPIRATORY SYSTEM.....460-519	6.2	5.6	6.0	6.3	6.4	6.8
ACUTE BRONCHITIS AND BRONCHIOLITIS.....466	5.8	5.3	5.9	6.2	5.8	7.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS, EXCEPT INFLUENZA...460-465	3.9	3.4	3.8	3.7	4.3	4.6
CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	2.0	2.1	2.1	1.8	2.0	2.0
PNEUMONIA, ALL FORMS.....480-486	8.0	6.8	8.0	8.3	9.2	9.0
ASTHMA.....493	6.1	5.2	5.9	6.5	6.2	6.6
IX. DISEASES OF THE DIGESTIVE SYSTEM.....520-579	6.9	5.6	6.6	7.1	7.6	8.0
ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	7.9	5.1	7.8	7.3	9.4	9.4
GASTRITIS AND DUODENITIS.....535	5.3	4.4	5.0	6.2	5.6	7.1
APPENDICITIS.....540-543	5.8	5.0	6.0	5.8	6.0	6.5
INGUINAL HERNIA.....550	4.9	4.7	4.8	5.4	4.8	5.0
NONINFECTIOUS ENTERITIS AND COLITIS.....555-558	5.4	4.3	4.7	5.5	5.9	7.9
CHOLELITHIASIS.....574	9.8	8.3	9.2	9.6	10.8	10.8
X. DISEASES OF THE GENITOURINARY SYSTEM.....580-629	5.7	5.2	5.3	5.8	6.1	6.2
CALCULUS OF KIDNEY AND URETER.....592	5.3	4.2	4.6	5.9	5.5	6.4
DISORDERS OF MENSTRUATION AND OTHER ABNORMAL VAGINAL BLEEDING....626	3.4	3.3	3.1	3.6	3.3	3.7
XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM.....1/ 630-676	2.5	2.3	2.1	2.5	2.8	2.8
ALL ABORTIONS, INCLUDING ECTOPIC AND MOLAR PREGNANCIES.....630-639	2.2	2.2	1.8	2.5	2.4	2.1
XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE....680-709	7.6	6.2	6.9	7.3	8.1	9.1
XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	8.3	6.2	7.3	8.1	9.1	9.8
ARTHROPATHIES AND RELATED DISORDERS.....710-719	9.6	7.5	8.4	8.7	11.0	10.7
INTERVERTEBRAL DISC DISORDERS.....722	9.8	7.5	9.0	10.0	10.4	10.9
XIV. CONGENITAL ANOMALIES.....740-759	6.1	4.8	5.9	5.4	6.2	6.6
XV. CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	7.8	4.0	5.0	8.0	8.5	9.8
XVI. SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	4.8	3.8	4.4	4.9	5.3	5.4
XVII. INJURY AND POISONING.....800-999	7.4	5.4	6.9	7.5	8.3	8.9
FRACTURES, ALL SITES.....800-829	10.5	8.0	9.7	10.3	11.9	11.6
SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	7.4	6.5	7.4	7.9	7.8	8.2
INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE)..850-854	5.0	3.2	3.5	4.6	6.4	6.8
LACERATIONS AND OPEN WOUNDS.....870-904	4.8	3.2	4.5	4.4	5.2	6.4
SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	3.7	3.0	3.4	3.6	4.1	4.2
PERSONS ADMITTED FOR STERILIZATION.....V25.2	2.2	2.1	2.1	2.2	2.3	2.4
FEMALES WITH DELIVERIES.....V27	3.7	3.0	3.5	3.7	4.0	4.2

TABLE 17. NUMBER OF ALL-LISTED DIAGNOSES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY DIAGNOSTIC CATEGORY AND AGE, SEX, COLOR, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

	DIAGNOSTIC CATEGORY AND ICD-9-CM CODE	AGE				
		1/ ALL DIAGNOSES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER
		NUMBER OF ALL-LISTED DIAGNOSES IN THOUSANDS				
01	ALL CONDITIONS	86,117	6,104	30,232	21,011	28,771
02	I. INFECTIOUS AND PARASITIC DISEASES.....001-139	1,407	305	474	276	352
03	II. NEOPLASMS.....140-239	4,014	87	762	1,413	1,752
04	MALIGNANT NEOPLASMS.....140-208	2,828	48	239	1,010	1,530
05	BENIGN NEOPLASMS, CARCINOMA IN SITU, AND NEOPLASMS OF UNCERTAIN BEHAVIOR.....210-239	1,186	40	523	402	221
06	III. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	4,646	222	884	1,579	1,961
07	DIABETES MELLITUS.....250	2,136	27	318	763	1,028
08	IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS....280-289	1,408	168	370	293	576
09	V. MENTAL DISORDERS.....290-319	3,856	101	1,815	1,088	853
10	PSYCHOSES.....290-299	844	5	398	209	232
11	ALCOHOL DEPENDENCE SYNDROME.....303	821	3	379	350	89
12	VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS...320-389	3,624	647	713	858	1,406
13	DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	1,113	97	273	262	481
14	CATARACT.....366	469	6	22	92	349
15	DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	823	431	142	125	125
16	VII. DISEASES OF THE CIRCULATORY SYSTEM.....390-459	15,559	117	1,179	4,586	9,678
17	ESSENTIAL HYPERTENSION.....401	1,705	12	208	670	815
18	HEART DISEASE.....402-429	9,529	68	519	2,840	6,102
19	ACUTE MYOCARDIAL INFARCTION.....410	688	3	38	283	363
20	ATHEROSCLEROTIC HEART DISEASE.....414.0	1,837	7	37	430	1,364
21	OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	2,116	7	132	889	1,087
22	CONGESTIVE HEART FAILURE.....428.0	1,216	13	26	234	944
23	CEREBROVASCULAR DISEASE.....430-438	1,625	11	47	312	1,255
24	VIII. DISEASES OF THE RESPIRATORY SYSTEM.....460-519	6,322	1,513	1,323	1,420	2,066
25	ACUTE BRONCHITIS AND BRONCHIOLITIS.....466	333	132	54	65	83
26	OTHER ACUTE UPPER RESPIRATORY INFECTIONS, EXCEPT INFLUENZA.....460-465	528	291	138	51	47
27	CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	614	412	194	7	*1
28	PNEUMONIA, ALL FORMS.....480-486	1,138	335	163	205	436
29	ASTHMA.....493	513	125	133	134	120
30	IX. DISEASES OF THE DIGESTIVE SYSTEM.....520-579	8,518	654	2,531	2,539	2,793
31	ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	598	8	146	218	226
32	GASTRITIS AND DUODENITIS.....535	593	28	228	196	142
33	APPENDICITIS.....540-543	330	81	196	37	16
34	INGUINAL HERNIA.....550	569	99	143	160	167
35	NONINFECTIOUS ENTERITIS AND COLITIS.....555-558	829	245	267	149	167
36	CHOLELITHIASIS.....574	673	2	196	228	247
37	X. DISEASES OF THE GENITOURINARY SYSTEM.....580-629	7,486	306	3,436	1,904	1,841
38	CALCULUS OF KIDNEY AND URETER.....592	373	5	167	136	66
39	DISORDERS OF MENSTRUATION AND OTHER ABNORMAL VAGINAL BLEEDING.....626	621	5	484	130	2
40	XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM.....2/ 630-676	5,456	25	5,396	35	...
41	ALL ABORTIONS, INCLUDING ECTOPIC AND MOLAR PREGNANCIES.....630-639	570	6	561	2	...
42	XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.....680-709	1,247	137	422	336	351
43	XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	4,628	126	1,365	1,482	1,655
44	ARTHROPATHIES AND RELATED DISORDERS.....710-719	1,466	30	291	386	760
45	INTERVERTEBRAL DISC DISORDERS.....722	516	*1	227	213	74
46	XIV. CONGENITAL ANOMALIES.....740-759	688	265	204	127	92
47	XV. CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	138	134	2	*1	*1
48	XVI. SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	4,051	456	1,146	1,119	1,330
49	XVII. INJURY AND POISONING.....800-999	6,391	712	3,230	1,213	1,235
50	FRACTURES, ALL SITES.....800-829	1,680	188	675	310	506
51	SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	526	8	324	145	49
52	INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE)....850-854	406	104	219	43	40
53	LACERATIONS AND OPEN WOUNDS.....870-904	740	80	483	104	74
54	SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	6,678	128	4,979	743	828
55	PERSONS ADMITTED FOR STERILIZATION.....V25.2	655	*0	639	14	*2
56	FEMALES WITH DELIVERIES.....V27	3,646	13	3,607	27	...

1/ INCLUDES DISCHARGE DATA FOR WHICH COLOR WAS NOT STATED.
2/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 17. NUMBER OF ALL-LISTED DIAGNOSES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY DIAGNOSTIC CATEGORY AND AGE, SEX, COLOR, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1979--CON.

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

SEX		COLOR		GEOGRAPHIC REGION				BED SIZE					
MALE	FEMALE	WHITE	ALL OTHER	NORTH-EAST	NORTH CENTRAL	SOUTH	WEST	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE	
NUMBER OF ALL-LISTED DIAGNOSES IN THOUSANDS--CON.													
34,237	51,880	64,926	10,544	18,156	25,159	29,238	13,564	16,827	15,119	15,337	20,137	18,697	01
616	791	1,026	226	287	378	529	213	267	246	242	316	336	02
1,675	2,339	3,078	441	1,019	1,197	1,154	644	475	583	689	1,065	1,202	03
1,395	1,433	2,209	273	720	868	764	475	322	387	467	782	870	04
280	906	869	168	299	329	390	169	153	196	222	284	332	05
1,734	2,912	3,500	613	1,010	1,417	1,577	643	950	799	849	1,107	941	06
845	1,291	1,575	312	540	609	715	272	411	375	386	537	427	07
560	848	985	296	321	394	463	230	261	209	250	345	343	08
1,879	1,977	2,811	505	964	1,217	1,045	630	909	633	617	902	795	09
407	437	626	120	219	248	208	168	149	130	125	225	214	10
628	193	506	160	319	231	134	138	285	116	117	178	126	11
1,632	1,993	2,749	376	761	1,163	1,065	635	554	596	618	956	901	12
529	584	849	135	239	341	362	172	194	178	188	270	283	13
190	278	354	43	117	138	124	90	48	88	80	142	111	14
407	416	617	66	150	283	249	141	117	148	160	225	173	15
7,449	8,111	12,230	1,514	3,658	4,276	5,361	2,265	3,215	2,766	2,838	3,676	3,064	16
672	1,033	1,243	281	363	510	604	228	364	288	312	401	339	17
3,075	2,782	4,764	420	1,537	1,546	1,914	861	1,200	1,054	1,067	1,408	1,128	18
423	266	564	44	182	170	222	114	144	117	119	172	136	19
901	936	1,496	115	545	508	555	229	321	355	371	445	345	20
1,196	920	1,758	132	499	552	731	334	454	362	352	510	437	21
556	660	946	128	310	316	405	184	281	220	225	281	210	22
734	890	1,266	170	360	463	571	230	367	290	302	369	296	23
3,349	2,973	4,903	644	1,181	1,873	2,380	887	1,640	1,194	1,081	1,335	1,072	24
157	176	250	39	55	102	144	32	107	72	54	68	32	25
261	267	391	71	87	157	232	51	162	118	84	98	66	26
274	340	452	51	100	216	190	108	92	117	135	161	109	27
620	518	871	148	194	302	502	140	395	203	172	202	166	28
214	299	364	91	119	142	171	81	122	91	83	117	101	29
3,884	4,634	6,644	860	1,742	2,491	3,126	1,158	1,894	1,531	1,585	1,905	1,603	30
325	272	472	59	112	163	241	82	155	106	105	134	97	31
276	317	460	74	90	169	281	53	194	109	117	101	73	32
176	154	258	30	64	104	102	59	73	61	69	69	57	33
510	58	435	53	147	174	153	95	91	105	106	139	127	34
349	479	659	73	134	235	353	106	246	158	133	172	120	35
193	481	540	59	162	182	241	89	127	113	135	171	128	36
2,183	5,304	5,647	947	1,512	2,168	2,788	1,019	1,284	1,445	1,434	1,715	1,608	37
245	128	308	21	74	101	150	48	71	65	80	89	69	38
...	621	454	79	145	176	227	72	95	133	116	142	135	39
...	5,456	3,692	1,085	1,151	1,521	1,805	979	761	991	965	1,285	1,453	40
...	570	353	155	191	147	148	84	64	111	95	125	175	41
569	677	939	165	267	372	416	192	267	210	213	284	273	42
1,793	2,835	3,525	433	794	1,497	1,560	777	1,007	826	834	1,031	930	43
516	950	1,124	138	260	460	503	243	313	258	267	343	285	44
273	244	388	38	76	160	170	110	78	89	114	123	112	45
341	347	526	77	144	224	198	122	79	84	117	177	231	46
77	62	95	25	25	33	41	40	16	14	23	39	47	47
1,861	2,190	3,052	519	749	1,183	1,448	670	843	691	719	898	901	48
3,581	2,810	4,740	786	1,201	1,832	2,121	1,236	1,359	1,155	1,103	1,502	1,272	49
895	784	1,282	143	334	482	519	344	281	294	325	419	361	50
250	276	361	91	78	141	243	64	173	117	79	89	68	51
251	155	304	55	98	119	116	73	91	70	65	105	76	52
537	204	519	132	133	197	255	156	164	134	119	172	151	53
1,055	5,623	4,805	1,032	1,371	1,924	2,158	1,225	1,048	1,146	1,160	1,598	1,726	54
17	637	470	108	142	166	265	82	112	143	127	132	140	55
...	3,644	2,519	650	726	1,012	1,235	673	540	650	652	860	944	56

TABLE 18. NUMBER OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY PROCEDURE CATEGORY, AGE, SEX, AND COLOR: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL AGES					1/ 15 YEARS AND OVER
	1/ SEX			COLOR		
	BOTH SEXES	MALE	FEMALE	WHITE	ALL OTHER	
	NUMBER OF ALL-LISTED PROCEDURES IN THOUSANDS					
ALL PROCEDURES	29,603	11,007	18,596	22,262	3,508	27,369
OPERATIONS ON THE NERVOUS SYSTEM..... 01-05	710	361	349	514	96	597
OPERATIONS ON THE ENDOCRINE SYSTEM..... 06-07	113	25	88	84	15	109
OPERATIONS ON THE EYE..... 08-16	945	398	547	730	79	865
EXTRACTION OF LENS..... 13.1-13.6	418	169	248	318	33	411
OPERATIONS ON THE EAR..... 18-20	429	229	200	312	28	177
MYRINGOTOMY..... 20.0	225	125	100	159	14	23
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX..... 21-29	1,667	821	846	1,286	123	1,166
RHINOPLASTY AND REPAIR OF NOSE..... 21.8	242	117	126	198	10	232
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY..... 28.2-28.3	500	215	286	367	41	187
OPERATIONS ON THE RESPIRATORY SYSTEM..... 30-34	813	470	343	606	106	775
THORACENTESIS..... 34.91	75	37	37	58	9	72
OPERATIONS ON THE CARDIOVASCULAR SYSTEM..... 35-39	1,196	723	473	953	126	1,134
OPEN HEART SURGERY..... 35.1-35.51,35.53-36.2,36.9,37.10-37.11,37.32-37.33,37.5	166	122	44	144	9	156
CARDIAC CATHETERIZATION..... 37.21-37.23	298	195	103	248	23	274
LIGATION AND STRIPPING OF VARICOSE VEINS..... 38.5	66	21	45	51	4	66
SYSTEMIC SHUNT OR GRAFT BYPASS..... 39.0-39.2	85	51	35	64	12	83
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM..... 40-41	329	155	174	250	41	308
OPERATIONS ON THE DIGESTIVE SYSTEM..... 42-54	5,081	2,228	2,853	3,889	539	4,787
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE..... 43.5-43.8,45.6-45.8	216	103	112	167	22	211
APPENDECTOMY, EXCLUDING INCIDENTAL..... 47.0	311	162	149	246	25	232
HEMORRHOIDECTOMY..... 49.43-49.46	166	83	84	124	17	166
CHOLECYSTECTOMY..... 51.2	445	119	326	353	36	443
REPAIR OF INGUINAL HERNIA..... 53.0-53.1	500	449	51	381	45	408
DIVISION OF PERITONEAL ADHESIONS..... 54.5	230	34	196	171	33	226
OPERATIONS ON THE URINARY SYSTEM..... 55-59	1,925	1,045	880	1,505	205	1,765
DILATION OF URETHRA..... 58.6	201	79	121	154	27	173
OPERATIONS ON THE MALE GENITAL ORGANS..... 60-64	757	757	...	561	88	643
PROSTATECTOMY..... 60.2-60.6	293	293	...	227	22	292
ORCHIECTOMY AND ORCHIOPEXY..... 62.3-62.5	68	68	...	49	7	44
VASECTOMY AND LIGITION OF VAS DEFERENS..... 63.7	45	45	...	40	#1	45
OPERATIONS ON THE FEMALE GENITAL ORGANS..... 65-71	4,240	...	4,240	3,061	638	4,215
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY..... 65.3-65.6	447	...	447	326	64	445
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES..... 66.2-66.3	610	...	610	436	104	610
HYSTERECTOMY..... 68.3-68.7	639	...	639	478	80	638
CURETTAGE OF UTERUS TO TERMINATE PREGNANCY..... 69.01,69.51	163	...	163	83	66	161
DILATION AND CURETTAGE OF UTERUS AFTER DELIVERY OR ABORTION..... 69.02	298	...	298	201	58	296
DIAGNOSTIC DILATION AND CURETTAGE OF UTERUS..... 69.09	935	...	935	684	118	931
REPAIR OF CYSTOCELE AND RECTOCELE..... 70.5	175	...	175	143	9	175
OBSTETRICAL PROCEDURES..... 72-75	3,471	...	3,471	2,447	566	3,455
CESAREAN SECTION..... 74.0-74.2,74.4,74.99	599	...	599	420	108	597
REPAIR OF CURRENT OBSTETRIC LACERATION..... 75.5-75.6	341	...	341	235	68	339
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM..... 76-84	3,044	1,616	1,428	2,269	308	2,803
OPEN REDUCTION OF FRACTURE..... 76.79,79.2-79.3,79.5-79.6	352	194	158	268	29	328
OTHER REDUCTION OF FRACTURE..... 76.70,76.78,79.0-79.1,79.4	282	150	131	213	25	212
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION..... 80.5,81.0	183	108	76	137	11	179
EXCISION OF SEMILUNAR CARTILAGE OF KNEE..... 80.6	155	110	45	117	9	151
ARTHROPLASTY OF JOINTS..... 81.3-81.8	348	161	187	266	28	340
OPERATIONS ON THE INTEGUMENTARY SYSTEM..... 85-86	1,885	719	1,166	1,433	225	1,748
MASTECTOMY..... 85.4	112	8	104	90	7	112
EXCISION OF PILONIDAL CYST OR SINUS..... 86.21	59	28	31	45	7	58
SKIN GRAFT (EXCEPT LIP OR MOUTH)..... 86.6-86.7	162	101	61	122	23	142
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES..... 87-99	2,998	1,460	1,538	2,362	342	2,822
COMPUTERIZED AXIAL TOMOGRAPHY (C.A.T. SCAN)..... 87.03,87.41,87.71,88.01,88.38	194	93	101	151	25	176
DIAGNOSTIC ULTRASOUND..... 88.7	222	83	139	169	35	215
RADIOISOTOPE SCAN..... 92.0-92.1	531	242	289	431	73	518

1/ INCLUDES DISCHARGE DATA FOR WHICH COLOR WAS NOT STATED.

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 19. RATE OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY PROCEDURE CATEGORY, AGE, AND SEX: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL AGES			15 YEARS AND OVER
	BOTH SEXES	MALE	FEMALE	
	RATE OF ALL-LISTED PROCEDURES PER 100,000 POPULATION			
ALL PROCEDURES	13,712.3	10,565.3	16,647.3	16,508.3
OPERATIONS ON THE NERVOUS SYSTEM 01-05	328.7	346.0	312.5	360.4
OPERATIONS ON THE ENDOCRINE SYSTEM 06-07	52.4	24.0	79.0	65.7
OPERATIONS ON THE EYE 08-16	437.8	382.0	489.9	521.6
EXTRACTION OF LENS 13.1-13.6	193.5	162.6	222.3	247.6
OPERATIONS ON THE EAR 18-20	198.8	220.1	178.9	107.0
MYRINGOTOMY 20.0	104.3	120.2	89.4	13.9
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX 21-29	772.3	788.5	757.1	703.1
RHINOPLASTY AND REPAIR OF NOSE 21.8	112.2	112.1	112.4	139.9
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY 28.2-28.3	231.8	206.1	255.7	113.0
OPERATIONS ON THE RESPIRATORY SYSTEM 30-34	376.8	451.4	307.2	467.4
THORACENTESIS 34.91	34.5	35.6	33.5	43.4
OPERATIONS ON THE CARDIOVASCULAR SYSTEM 35-39	554.0	693.6	423.7	683.8
OPEN HEART SURGERY 35.1-35.51,35.53-36.2,36.9,37.10-37.11,37.32-37.33,37.5	76.8	116.9	39.3	93.9
CARDIAC CATHETERIZATION 37.21-37.23	138.1	187.5	92.1	165.3
LIGATION AND STRIPPING OF VARICOSE VEINS 38.5	30.7	20.3	40.3	39.8
SYSTEMIC SHUNT OR GRAFT BYPASS 39.0-39.2	39.6	48.6	31.2	50.3
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM 40-41	152.2	148.4	155.8	185.6
OPERATIONS ON THE DIGESTIVE SYSTEM 42-54	2,353.7	2,138.5	2,554.3	2,887.4
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE 43.5-43.8,45.6-45.8	100.0	99.3	100.6	127.1
APPENDECTOMY, EXCLUDING INCIDENTAL 47.0	144.1	155.4	133.5	139.9
HEMORRHOIDECTOMY 49.43-49.46	77.0	79.3	74.9	100.1
CHOLECYSTECTOMY 51.2	206.2	114.4	291.9	267.1
REPAIR OF INGUINAL HERNIA 53.0-53.1	231.6	430.8	45.7	246.3
DIVISION OF PERITONEAL ADHESIONS 54.5	106.5	32.4	175.7	136.6
OPERATIONS ON THE URINARY SYSTEM 55-59	891.6	1,003.3	787.4	1,064.7
DILATION OF URETHRA 58.6	92.9	76.0	108.6	104.6
OPERATIONS ON THE MALE GENITAL ORGANS 60-64	350.6	726.5	...	387.8
PROSTATECTOMY 60.2-60.6	135.7	281.2	...	176.2
ORCHIECTOMY AND ORCHIOPEXY 62.3-62.5	31.5	65.4	...	26.5
VASECTOMY AND LIGITION OF VAS DEFERENS 63.7	20.9	43.4	...	27.3
OPERATIONS ON THE FEMALE GENITAL ORGANS 65-71	1,963.8	...	3,795.3	2,542.3
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY 65.3-65.6	207.1	...	400.2	268.5
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES 66.2-66.3	282.7	...	546.4	367.9
HYSTERECTOMY 68.3-68.7	295.9	...	572.0	384.7
CURETTAGE OF UTERUS TO TERMINATE PREGNANCY 69.01,69.51	75.3	...	145.6	97.0
DILATION AND CURETTAGE OF UTERUS AFTER DELIVERY OR ABORTION 69.02	138.3	...	267.2	178.6
DIAGNOSTIC DILATION AND CURETTAGE OF UTERUS 69.09	433.0	...	836.8	561.3
REPAIR OF CYSTOCELE AND RECTOCELE 70.5	81.1	...	156.6	105.3
OBSTETRICAL PROCEDURES 72-75	1,607.6	...	3,106.9	2,084.0
CESAREAN SECTION 74.0-74.2,74.4,74.99	277.5	...	536.4	360.3
REPAIR OF CURRENT OBSTETRIC LACERATION 75.5-75.6	157.8	...	304.9	204.7
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM 76-84	1,410.1	1,551.5	1,278.3	1,690.7
OPEN REDUCTION OF FRACTURE 76.79, 79.2-79.3,79.5-79.6	163.1	185.9	141.8	197.5
OTHER REDUCTION OF FRACTURE 76.70,76.78,79.0-79.1,79.4	130.4	144.4	117.4	128.0
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION 80.5,81.0	85.0	103.4	67.8	108.1
EXCISION OF SEMILUNAR CARTILAGE OF KNEE 80.6	71.8	105.8	40.0	91.0
ARTHROPLASTY OF JOINTS 81.3-81.8	161.0	154.6	167.0	204.9
OPERATIONS ON THE INTEGUMENTARY SYSTEM 85-86	873.3	690.4	1,044.0	1,054.6
MASTECTOMY 85.4	51.9	7.3	93.5	67.4
EXCISION OF PILONIDAL CYST OR SINUS 86.21	27.3	26.6	28.0	34.8
SKIN GRAFT (EXCEPT LIP OR MOUTH) 86.6-86.7	74.8	96.6	54.5	85.7
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES 87-99	1,388.6	1,401.0	1,376.9	1,702.2
COMPUTERIZED AXIAL TOMOGRAPHY (C.A.T. SCAN) 87.03,87.41,87.71,88.01,88.38	89.8	89.1	90.4	106.2
DIAGNOSTIC ULTRASOUND 88.7	102.9	79.9	124.3	129.8
RADIOISOTOPE SCAN 92.0-92.1	245.8	232.1	258.6	312.3

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 20. NUMBER OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY PROCEDURE CATEGORY AND GEOGRAPHIC REGION: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL REGIONS	NORTH-EAST	NORTH CENTRAL	SOUTH	WEST
	NUMBER OF ALL-LISTED PROCEDURES IN THOUSANDS				
ALL PROCEDURES	29,603	6,524	8,806	9,170	5,103
OPERATIONS ON THE NERVOUS SYSTEM..... 01-05	710	133	212	206	160
OPERATIONS ON THE ENDOCRINE SYSTEM..... 06-07	113	26	32	37	20
OPERATIONS ON THE EYE..... 08-16	945	211	310	247	177
EXTRACTION OF LENS..... 13.1-13.6	418	105	124	113	76
OPERATIONS ON THE EAR..... 18-20	429	80	159	111	80
MYRINGOTOMY..... 20.0	225	43	80	63	39
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX..... 21-29	1,667	342	641	449	236
RHINOPLASTY AND REPAIR OF NOSE..... 21.8	242	44	106	57	35
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY..... 28.2-28.3	500	79	175	155	92
OPERATIONS ON THE RESPIRATORY SYSTEM..... 30-34	813	191	239	234	150
THORACENTESIS..... 34.91	75	16	23	22	13
OPERATIONS ON THE CARDIOVASCULAR SYSTEM..... 35-39	1,196	247	338	346	265
OPEN HEART SURGERY..... 35.1-35.51, 35.53-36.2, 36.9, 37.10-37.11, 37.32-37.33, 37.5	166	24	52	46	44
CARDIAC CATHETERIZATION..... 37.21-37.23	298	49	84	94	72
LIGATION AND STRIPPING OF VARICOSE VEINS..... 38.5	66	22	19	16	10
SYSTEMIC SHUNT OR GRAFT BYPASS..... 39.0-39.2	85	23	23	23	16
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM..... 40-41	329	79	101	93	55
OPERATIONS ON THE DIGESTIVE SYSTEM..... 42-54	5,081	1,151	1,492	1,631	807
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE..... 43.5-43.8, 45.6-45.8	216	50	63	59	43
APPENDECTOMY, EXCLUDING INCIDENTAL..... 47.0	311	58	96	97	59
HEMORRHOIDECTOMY..... 49.43-49.46	166	35	48	64	19
CHOLECYSTECTOMY..... 51.2	445	109	118	151	67
REPAIR OF INGUINAL HERNIA..... 53.0-53.1	500	131	150	134	86
DIVISION OF PERITONEAL ADHESIONS..... 54.5	230	40	66	91	32
OPERATIONS ON THE URINARY SYSTEM..... 55-59	1,925	423	603	666	233
DILATION OF URETHRA..... 58.6	201	38	66	84	13
OPERATIONS ON THE MALE GENITAL ORGANS..... 60-64	757	178	231	233	114
PROSTATECTOMY..... 60.2-60.6	293	71	93	80	49
ORCHIECTOMY AND ORCHIOPEXY..... 62.3-62.5	68	19	18	18	13
VASECTOMY AND LIGITION OF VAS DEFERENS..... 63.7	45	8	16	17	4
OPERATIONS ON THE FEMALE GENITAL ORGANS..... 65-71	4,240	1,064	1,138	1,444	593
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY..... 65.3-65.6	447	84	116	170	78
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES..... 66.2-66.3	610	129	151	253	78
HYSTERECTOMY..... 68.3-68.7	639	105	168	252	114
CURETTAGE OF UTERUS TO TERMINATE PREGNANCY..... 69.01, 69.51	163	86	36	20	21
DILATION AND CURETTAGE OF UTERUS AFTER DELIVERY OR ABORTION..... 69.02	298	73	85	99	41
DIAGNOSTIC DILATION AND CURETTAGE OF UTERUS..... 69.09	935	286	277	277	94
REPAIR OF CYSTOCELE AND RECTOCELE..... 70.5	175	29	53	65	28
OBSTETRICAL PROCEDURES..... 72-75	3,471	698	1,004	1,100	668
CESAREAN SECTION..... 74.0-74.2, 74.4, 74.99	599	131	144	219	104
REPAIR OF CURRENT OBSTETRIC LACERATION..... 75.5-75.6	341	60	100	98	83
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM..... 76-84	3,044	543	996	881	624
OPEN REDUCTION OF FRACTURE..... 76.79, 79.2-79.3, 79.5-79.6	352	69	96	105	81
OTHER REDUCTION OF FRACTURE..... 76.70, 76.78, 79.0-79.1, 79.4	282	63	85	79	55
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION..... 80.5, 81.0	183	24	54	64	41
EXCISION OF SEMILUNAR CARTILAGE OF KNEE..... 80.6	155	27	53	39	36
ARTHROPLASTY OF JOINTS..... 81.3-81.8	348	56	126	93	73
OPERATIONS ON THE INTEGUMENTARY SYSTEM..... 85-86	1,885	397	570	621	298
MASTECTOMY..... 85.4	112	33	35	29	16
EXCISION OF PILONIDAL CYST OR SINUS..... 86.21	59	19	15	18	7
SKIN GRAFT (EXCEPT LIP OR MOUTH)..... 86.6-86.7	162	32	48	52	30
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES..... 87-99	2,998	763	740	872	623
COMPUTERIZED AXIAL TOMOGRAPHY (C.A.T. SCAN)..... 87.03, 87.41, 87.71, 88.01, 88.38	194	56	47	33	58
DIAGNOSTIC ULTRASOUND..... 88.7	222	65	48	51	58
RADIOISOTOPE SCAN..... 92.0-92.1	531	215	83	123	109

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 21. RATE OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY PROCEDURE CATEGORY AND GEOGRAPHIC REGION: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL REGIONS	NORTH-EAST	NORTH CENTRAL	SOUTH	WEST
	RATE OF ALL-LISTED PROCEDURES PER 100,000 POPULATION				
ALL PROCEDURES	13,712.3	13,525.4	15,310.4	13,110.8	12,697.3
OPERATIONS ON THE NERVOUS SYSTEM, 01-05	328.7	275.0	368.0	293.9	397.5
OPERATIONS ON THE ENDOCRINE SYSTEM, 06-07	52.4	53.2	54.8	52.2	48.5
OPERATIONS ON THE EYE, 08-16	437.8	437.4	539.7	352.5	441.1
EXTRACTION OF LENS, 13.1-13.6	193.5	217.7	214.8	162.0	188.7
OPERATIONS ON THE EAR, 18-20	198.8	165.9	276.1	158.3	198.3
MYRINGOTOMY, 20.0	104.3	90.0	138.5	90.7	96.0
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX, 21-29	772.3	708.2	1,114.8	641.5	586.7
RHINOPLASTY AND REPAIR OF NOSE, 21.8	112.2	90.5	184.6	81.9	87.7
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY, 28.2-28.3	231.8	163.3	304.4	221.4	228.1
OPERATIONS ON THE RESPIRATORY SYSTEM, 30-34	376.8	395.6	414.9	335.1	372.3
THORACENTESIS, 34.91	34.5	33.3	40.5	31.5	32.6
OPERATIONS ON THE CARDIOVASCULAR SYSTEM, 35-39	554.0	511.6	587.0	495.0	660.2
OPEN HEART SURGERY, 35.1-35.51, 35.53-36.2, 36.9, 37.10-37.11, 37.32-37.33, 37.5	76.8	49.7	89.9	66.3	108.7
CARDIAC CATHETERIZATION, 37.21-37.23	138.1	100.8	146.4	134.0	178.4
LIGATION AND STRIPPING OF VARICOSE VEINS, 38.5	30.7	44.6	32.9	22.4	25.0
SYSTEMIC SHUNT OR GRAFT BYPASS, 39.0-39.2	39.6	47.1	40.3	33.0	41.0
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM, 40-41	152.2	163.9	175.1	133.7	137.9
OPERATIONS ON THE DIGESTIVE SYSTEM, 42-54	2,353.7	2,386.5	2,593.9	2,332.0	2,008.3
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE, 43.5-43.8, 45.6-45.8	100.0	104.4	110.2	84.7	106.8
APPENDECTOMY, EXCLUDING INCIDENTAL, 47.0	144.1	121.2	167.4	138.9	147.1
HEMORRHOIDECTOMY, 49.43-49.46	77.0	73.3	82.9	92.0	47.1
CHOLECYSTECTOMY, 51.2	206.2	227.0	205.2	215.8	166.1
REPAIR OF INGUINAL HERNIA, 53.0-53.1	231.6	271.4	260.2	190.9	213.4
DIVISION OF PERITONEAL ADHESIONS, 54.5	106.5	83.8	114.6	130.8	80.1
OPERATIONS ON THE URINARY SYSTEM, 55-59	891.6	877.2	1,048.9	951.6	579.2
DILATION OF URETHRA, 58.6	92.9	78.6	114.6	120.4	31.1
OPERATIONS ON THE MALE GENITAL ORGANS, 60-64	350.6	368.5	402.1	333.6	284.8
PROSTATECTOMY, 60.2-60.6	135.7	147.4	160.9	114.3	122.8
ORCHIECTOMY AND ORCHIOPEXY, 62.3-62.5	31.5	40.4	31.1	25.9	31.4
VASECTOMY AND LIGITION OF VAS DEFERENS, 63.7	20.9	17.0	27.8	24.2	10.1
OPERATIONS ON THE FEMALE GENITAL ORGANS, 65-71	1,963.8	2,205.7	1,979.2	2,064.9	1,475.7
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY, 65.3-65.6	207.1	173.6	201.6	242.7	193.0
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES, 66.2-66.3	282.7	267.0	262.0	361.6	194.1
HYSTERECTOMY, 68.3-68.7	295.9	217.6	292.0	361.0	282.5
CURETTAGE OF UTERUS TO TERMINATE PREGNANCY, 69.01, 69.51	75.3	178.4	63.0	28.2	51.3
DILATION AND CURETTAGE OF UTERUS AFTER DELIVERY OR ABORTION, 69.02	138.3	152.3	147.7	141.5	102.4
DIAGNOSTIC DILATION AND CURETTAGE OF UTERUS, 69.09	433.0	593.0	481.3	396.7	235.0
REPAIR OF CYSTOCELE AND RECTOCELE, 70.5	81.1	59.1	92.0	93.2	70.6
OBSTETRICAL PROCEDURES, 72-75	1,607.6	1,447.9	1,745.8	1,572.8	1,662.1
CESAREAN SECTION, 74.0-74.2, 74.4, 74.99	277.5	272.4	251.1	313.5	258.9
REPAIR OF CURRENT OBSTETRIC LACERATION, 75.5-75.6	157.8	124.8	173.9	139.4	206.1
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM, 76-84	1,410.1	1,125.1	1,732.0	1,260.2	1,552.5
OPEN REDUCTION OF FRACTURE, 76.79, 79.2-79.3, 79.5-79.6	163.1	144.1	166.8	150.8	202.0
OTHER REDUCTION OF FRACTURE, 76.70, 76.78, 79.0-79.1, 79.4	130.4	130.9	147.5	112.8	136.1
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION, 80.5, 81.0	85.0	50.5	93.9	91.0	102.9
EXCISION OF SEMILUNAR CARTILAGE OF KNEE, 80.6	71.8	56.3	92.0	56.2	88.5
ARTHROPLASTY OF JOINTS, 81.3-81.8	161.0	116.1	218.3	133.3	181.4
OPERATIONS ON THE INTEGUMENTARY SYSTEM, 85-86	873.3	822.3	991.2	887.2	741.9
MASTECTOMY, 85.4	51.0	68.1	60.3	40.9	39.6
EXCISION OF PILONIDAL CYST OR SINUS, 86.21	27.3	38.5	26.1	26.3	17.3
SKIN GRAFT (EXCEPT LIP OR MOUTH), 86.6-86.7	74.8	65.7	84.0	73.8	74.4
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES, 87-99	1,388.6	1,581.5	1,286.9	1,246.2	1,550.4
COMPUTERIZED AXIAL TOMOGRAPHY (C.A.T. SCAN), 87.03, 87.41, 87.71, 88.01, 88.38	89.8	115.7	81.7	46.9	144.8
DIAGNOSTIC ULTRASOUND, 88.7	102.9	133.9	83.7	72.9	145.4
RADIOISOTOPE SCAN, 92.0-92.1	245.8	445.7	144.8	176.3	271.4

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 22. NUMBER OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY PROCEDURE CATEGORY AND BED SIZE OF HOSPITAL: UNITED STATES, 1979

(DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION)

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL SIZES	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE
	NUMBER OF ALL-LISTED PROCEDURES IN THOUSANDS					
ALL PROCEDURES	29,603	3,432	5,058	5,591	7,553	7,970
OPERATIONS ON THE NERVOUS SYSTEM..01-05	710	48	87	107	201	266
OPERATIONS ON THE ENDOCRINE SYSTEM..06-07	113	5	14	21	31	42
OPERATIONS ON THE EYE..08-16	945	107	147	145	287	259
EXTRACTION OF LENS..13.1-13.6	418	39	74	70	131	103
OPERATIONS ON THE EAR..18-20	429	25	63	91	140	110
MYRINGOTOMY..20.0	225	11	33	55	77	50
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX..21-29	1,667	226	299	338	438	367
RHINOPLASTY AND REPAIR OF NOSE..21.8	242	38	43	52	51	58
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY..28.2-28.3	500	82	101	109	120	88
OPERATIONS ON THE RESPIRATORY SYSTEM..30-34	813	43	114	145	225	287
THORACENTESIS..34.91	75	10	14	9	19	22
OPERATIONS ON THE CARDIOVASCULAR SYSTEM..35-39	1,196	39	113	203	344	497
OPEN HEART SURGERY..35.1-35.51,35.53-36.2,36.9,37.10-37.11,37.32-37.33,37.5	166	10	5	24	47	89
CARDIAC CATHETERIZATION..37.21-37.23	298	5	17	47	85	144
LIGATION AND STRIPPING OF VARICOSE VEINS..38.5	66	8	9	16	20	13
SYSTEMIC SHUNT OR GRAFT BYPASS..39.0-39.2	85	12	9	14	23	37
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM..40-41	329	32	39	58	84	123
OPERATIONS ON THE DIGESTIVE SYSTEM..42-54	5,081	680	886	1,015	1,231	1,268
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE..43.5-43.8,45.6-45.8	216	27	37	37	58	57
APPENDECTOMY, EXCLUDING INCIDENTAL..47.0	311	71	56	68	64	52
HEMORRHOIDECTOMY..49.43-49.46	166	30	33	33	38	32
CHOLECYSTECTOMY..51.2	445	68	78	96	113	90
REPAIR OF INGUINAL HERNIA..53.0-53.1	500	79	89	94	125	114
DIVISION OF PERITONEAL ADHESIONS..54.5	230	25	48	45	57	56
OPERATIONS ON THE URINARY SYSTEM..55-59	1,925	191	334	427	508	464
DILATION OF URETHRA..58.6	201	25	43	52	49	31
OPERATIONS ON THE MALE GENITAL ORGANS..60-64	757	94	125	159	197	182
PROSTATECTOMY..60.2-60.6	293	26	54	63	80	69
ORCHIECTOMY AND ORCHIOPEXY..62.3-62.5	68	8	10	14	18	17
VASECTOMY AND LIGITION OF VAS DEFERENS..63.7	45	8	5	13	10	9
OPERATIONS ON THE FEMALE GENITAL ORGANS..65-71	4,240	554	882	791	984	1,029
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY..65.3-65.6	447	57	97	89	95	109
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES..66.2-66.3	610	102	133	119	123	133
HYSTERECTOMY..68.3-68.7	639	86	136	124	144	149
CURETTAGE OF UTERUS TO TERMINATE PREGNANCY..69.01,69.51	163	9	42	20	28	63
DILATION AND CURETTAGE OF UTERUS AFTER DELIVERY OR ABORTION..69.02	298	40	53	57	77	71
DIAGNOSTIC DILATION AND CURETTAGE OF UTERUS..69.09	935	118	176	173	238	229
REPAIR OF CYSTOCELE AND RECTOCELE..70.5	175	26	44	29	38	37
OBSTETRICAL PROCEDURES..72-75	3,471	443	600	601	888	939
CESAREAN SECTION..74.0-74.2,74.4,74.99	599	64	111	101	145	179
REPAIR OF CURRENT OBSTETRIC LACERATION..75.5-75.6	341	49	50	60	89	92
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM..76-84	3,044	431	507	609	767	730
OPEN REDUCTION OF FRACTURE..76.79,79.2-79.3,79.5-79.6	352	41	66	72	90	83
OTHER REDUCTION OF FRACTURE..76.70,76.78,79.0-79.1,79.4	282	56	51	62	65	48
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION..80.5,81.0	183	3	31	41	45	63
EXCISION OF SEMILUNAR CARTILAGE OF KNEE..80.6	155	13	26	35	43	37
ARTHROPLASTY OF JOINTS..81.3-81.8	348	48	51	69	92	89
OPERATIONS ON THE INTEGUMENTARY SYSTEM..85-86	1,885	322	313	337	461	453
MASTECTOMY..85.4	112	12	19	22	29	30
EXCISION OF PILONIDAL CYST OR SINUS..86.21	59	9	9	13	17	11
SKIN GRAFT (EXCEPT LIP OR MOUTH)..86.6-86.7	162	16	22	28	44	51
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES..87-99	2,998	194	535	550	765	954
COMPUTERIZED AXIAL TOMOGRAPHY (C.A.T. SCAN)..87.03,87.41,87.71,88.01,88.38	194	41	32	20	51	90
DIAGNOSTIC ULTRASOUND..88.7	222	9	31	39	54	90
RADIOISOTOPE SCAN..92.0-92.1	531	35	133	101	110	151

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

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Appendix I. Technical notes on methods

Statistical design of the National Hospital Discharge Survey

Scope of the survey.—The National Hospital Discharge Survey (NHDS) encompasses patients discharged from noninstitutional hospitals, exclusive of military and Veterans Administration hospitals, located in the 50 States and the District of Columbia. Only hospitals with six beds or more for patient use and those in which the average length of stay for all patients is less than 30 days are included in the survey. Although all discharges of patients from these hospitals are within the scope of the survey, discharges of newborn infants from all hospitals, as well as discharges of all patients from Federal hospitals, are excluded from this report.

Sampling frame and size of sample.—The sampling frame (universe) for hospitals in the NHDS is the Master Facility Inventory of Hospitals and Institutions (MFI). A detailed description of the development, contents, plans for maintenance, and procedures for assessing completeness of coverage of the MFI has been previously published.[7]

The original universe for the survey consisted of 6,965 short-stay hospitals contained in the MFI in 1963. This universe is periodically updated, as shown in table I. The distribution of the hospitals in the NHDS universe and sample for 1979 is given by bed size and geographic region in table II.

Table I. Number of hospitals in the National Hospital Discharge Survey (NHDS) universe and number of hospitals added to the NHDS universe, by year of addition and year of Master Facility Inventory (MFI) used: United States, 1963-77

MFI data year	NHDS universe		
	Year added	Number added	Total universe
1963	1965	6,965	6,965
1969	1972	442	7,407
1972	1975	223	7,630
1975	1977	273	7,903
1977	1979	114	8,017

NOTE: A list of references follows the text.

The sample for 1979 consisted of 544 hospitals. Of these, 80 refused to participate, and 48 were out of scope either because the hospital had gone out of business or because it failed to meet the definition of a short-stay hospital. Thus 416 hospitals participated in the survey during 1979 and provided approximately 215,000 abstracts of medical records.

Sample design.—All hospitals with 1,000 beds or more in the universe of short-stay hospitals were selected with certainty in the sample. All hospitals with fewer than 1,000 were stratified, the primary strata being the 24 size-by-region classes shown in table II. Within each primary stratum, the allocation of the hospitals was made through a controlled selection technique so that hospitals in the sample would be properly distributed with regard to ownership and geographic division. Sample hospitals were drawn with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals.

The within-hospital sampling ratio for selecting sample discharges varied inversely with the probability of hospital selection. The smallest sampling fraction of discharged patients was taken in the largest hospitals, and the largest fraction was taken in the smallest hospitals. This sampling was done to compensate for hospitals that were selected with probabilities proportionate to their size class and to ensure that the overall probability of selecting a discharge would be approximately the same in each size class.

In nearly all hospitals, the daily listing sheet of discharges was the frame from which the subsamples of discharges were selected within the sample hospitals. The sample discharges were selected by a random technique, usually on the basis of the terminal digit(s) of the patient's medical record number that was assigned when the patient was admitted to the hospital. If the hospital's daily

Table II. Distribution of short-stay hospitals in the National Hospital Discharge Survey universe and survey sample and number of hospitals that participated in the survey, by geographic region and bed size of hospital: United States, 1979

Bed size of hospital	All regions	North-east	North Central	South	West
	Number of hospitals				
All sizes					
Universe	8,017	1,784	2,148	3,196	1,489
Total sample	544	132	153	176	83
Number participating	416	109	116	128	63
6-49 beds					
Universe	3,521	223	899	1,670	729
Total sample	70	8	18	30	14
Number participating	42	6	13	16	7
50-99 beds					
Universe	1,897	301	486	737	373
Total sample	80	14	20	32	14
Number participating	56	10	13	23	10
100-199 beds					
Universe	1,411	298	412	479	222
Total sample	122	26	34	43	19
Number participating	95	22	27	30	16
200-299 beds					
Universe	624	195	166	165	98
Total sample	98	31	27	24	16
Number participating	76	26	22	15	13
300-499 beds					
Universe	411	113	134	111	53
Total sample	98	25	32	29	12
Number participating	83	22	25	27	9
500-999 beds					
Universe	135	45	48	29	13
Total sample	58	19	19	13	7
Number participating	47	15	13	12	7
1,000 beds or more					
Universe	18	9	3	5	1
Total sample	18	9	3	5	1
Number participating	17	8	3	5	1

discharge listing did not show the medical record numbers, the sample was selected by starting with a randomly selected discharge and taking every *k*th discharge thereafter.

Data collection and processing

Data collection.—Depending on the study procedure agreed on with the hospital administrator, the sample selection and the transcription of information from the hospital records to abstract forms were performed either by the hospital staff or by representatives of the National Center for Health Statistics (NCHS) or by both. In about two-thirds of the hospitals that participated in the NHDS during the year, this work was performed by the medical records department of the hospital. In the remaining hospitals, the work was performed by personnel of the U.S. Bureau of the Census acting for NCHS.

Survey hospitals used an abstract form to transcribe data from the hospital records. The form provides space for recording demographic data, admission and discharge dates, zip code of the patient's residence, expected sources of payment, disposition of the patient at discharge, and information on discharge diagnoses and surgical operations or procedures. All discharge diagnoses and procedures were listed on the abstract in the order of the principal one, or the first-listed one if the principal one was not identified, followed by the order in which all other diagnoses or procedures were entered on the face sheet of the medical record. The abstract form was revised in 1979 because of changes in the requirements for the collection of race and ethnicity data (figure I). Approximately half of the 1979 data were collected on each version of the form.

Completed abstract forms for each sample hospital were shipped, along with sample selection

Form Approved: O.M.B. No. 68-R0620

CONFIDENTIAL – All information which would permit identification of an individual or of an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose.

FORM HDS-1
(12-15-76)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

MEDICAL ABSTRACT – HOSPITAL DISCHARGE SURVEY

A. PATIENT IDENTIFICATION

1. Hospital number . . . . . ☐☐☐☐
2. HDS number . . . . . ☐☐☐☐
3. Medical Record number _____

4. Date of admission . . . Month ☐☐ – Day ☐☐ – Year ☐☐
5. Date of discharge . . . Month ☐☐ – Day ☐☐ – Year ☐☐
6. Residence ZIP Code ☐☐☐☐☐

B. PATIENT CHARACTERISTICS

7. Date of birth . . . Month ☐☐ – Day ☐☐ – Year ☐☐

8. Age (Complete only if Date of Birth not given) . . . . Units ☐☐ 1 ☐ Years 2 ☐ Months 3 ☐ Days

9. Sex (Mark one) 1 ☐ Male 2 ☐ Female 3 ☐ Not stated

10. Race or Color (Mark one) 1 ☐ White 2 ☐ Black 3 ☐ Other 4 ☐ Not stated

11. Marital Status (Mark one) 1 ☐ Married 2 ☐ Single 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Not stated

12. Expected Source(s) of payment

Principal (Mark one)	Other (Mark all that apply)
1 ☐	☐ Self-pay
2 ☐	☐ Workmen's Compensation
3 ☐	☐ Medicare
4 ☐	☐ Medicaid
5 ☐	☐ Other government payments
6 ☐	☐ Blue Cross
7 ☐	☐ Other private or commercial insurance
8 ☐	☐ No charge
9 ☐	☐ Other (Specify) _____
10 ☐	☐ Not stated

13. Disposition of Patient (Mark one)

1 ☐ Routine discharge/discharged home
2 ☐ Left against medical advice
3 ☐ Discharged/transferred to another facility or organization
4 ☐ Discharged/referred to organized home care service
5 ☐ Died
6 ☐ Not stated

C. DIAGNOSES

Principal: _____
Other/additional: _____
_____
_____

☐ See reverse side

D. SURGICAL AND DIAGNOSTIC PROCEDURES

Date: Month Day Year

Principal: _____ ☐☐ – ☐☐ – ☐☐
Other/additional: _____ ☐☐ – ☐☐ – ☐☐
_____ ☐☐ – ☐☐ – ☐☐
_____ ☐☐ – ☐☐ – ☐☐
_____ ☐☐ – ☐☐ – ☐☐

☐ NONE ☐ See reverse side

Completed by | Date

☆U.S. GOVERNMENT PRINTING OFFICE: 1976-750-250

Figure I. Medical abstract for the National Hospital Discharge Survey

Form Approved: O.M.B. No. 68-R0620

CONFIDENTIAL – All information which would permit identification of an individual or of an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose.

FORM HDS-1
(6-13-79)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS

MEDICAL ABSTRACT — HOSPITAL DISCHARGE SURVEY

A. PATIENT IDENTIFICATION

1. Hospital number . . . . . ☐☐☐☐
2. HDS number . . . . . ☐☐☐☐
3. Medical record number _____

4. Date of admission. . Month ☐☐ – Day ☐☐ – Year ☐☐
5. Date of discharge . . Month ☐☐ – Day ☐☐ – Year ☐☐
6. Residence ZIP code ☐☐☐☐☐

B. PATIENT CHARACTERISTICS

7. Date of birth. . . Month ☐☐ – Day ☐☐ – Year ☐☐

8. Age (Complete only if date of birth not given). . . . Units ☐ (1 ☐ Years, 2 ☐ Months, 3 ☐ Days)

9. Sex (Mark (X) one) — 1 ☐ Male 2 ☐ Female 3 ☐ Not stated

10. Race (Mark (X) one) — 1 ☐ White 2 ☐ Black 3 ☐ American Indian/Alaskan Native 4 ☐ Asian/Pacific Islander 5 ☐ Other (Specify) _____ 6 ☐ Not stated

11. Ethnicity (Mark (X) one) — 1 ☐ Hispanic origin 2 ☐ Non-Hispanic 3 ☐ Not stated

12. Marital status (Mark (X) one) — 1 ☐ Married 2 ☐ Single 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Not stated

13. Expected source(s) of payment

Principal (Mark (X) one)	Other (Mark (X) all that apply)
1 ☐	☐ Self-pay
2 ☐	☐ Workmen's Compensation
3 ☐	☐ Medicare
4 ☐	☐ Medicaid
5 ☐	☐ Other government payments
6 ☐	☐ Blue Cross
7 ☐	☐ Other private or commercial insurance
8 ☐	☐ No charge
9 ☐	☐ Other (Specify) _____
10 ☐	Not stated

14. Disposition of patient (Mark (X) one)

1 ☐ Routine discharge/discharged home
2 ☐ Left against medical advice
3 ☐ Discharged/transferred to another facility or organization
4 ☐ Discharged/referred to organized home care service
5 ☐ Died
6 ☐ Not stated

C. FINAL DIAGNOSES

Principal: _____
Other/additional: _____
_____
☐ See reverse side

D. SURGICAL AND DIAGNOSTIC PROCEDURES

Principal: _____ Date: Month ☐☐ Day ☐☐ Year ☐☐
Other/additional: _____ Month ☐☐ Day ☐☐ Year ☐☐
_____ Month ☐☐ Day ☐☐ Year ☐☐
_____ Month ☐☐ Day ☐☐ Year ☐☐
_____ Month ☐☐ Day ☐☐ Year ☐☐
☐ NONE ☐ See reverse side

Completed by _____ Date _____

☆ U.S. GOVERNMENT PRINTING OFFICE 1978—657-004/71

Figure I. Medical abstract for the National Hospital Discharge Survey—Con.

control sheets, to a Census Regional Office. Every shipment of abstracts was reviewed and each abstract form was checked for completeness. Abstracts were then sent to NCHS for processing.

Medical coding and edit.—The medical information recorded on the sample patient abstracts was coded centrally by the NCHS staff. A maximum of seven diagnostic codes was assigned for each sample abstract; in addition, if the medical information included surgical or nonsurgical procedures, a maximum of four codes for these procedures was assigned. Following conversion of the data on the medical abstract to computer tape, a final medical edit was accomplished by computer inspection runs and a review of rejected abstracts. If the sex or age of the patient was incompatible with the recorded medical information, priority was given to the medical information in the editing decision.

The system currently used for coding the diagnoses and procedures on NHDS sample patient abstracts is the *International Classification of Diseases, 9th Revision, Clinical Modification*[2] (ICD-9-CM). Earlier data for 1970-78 were coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*[3] (ICDA), with some modifications. These modifications, which were necessary because of incomplete or ill-defined terminology in the abstracts, are presented elsewhere.[4] It has not been necessary, however, to modify the ICD-9-CM for use in the NHDS.

Both the ICDA and the ICD-9-CM are divided into two main sections: diseases and injuries and surgical and nonsurgical procedures. However, many differences exist between the two classifications.[8] One major difference is the expansion of categories, which has resulted in greater specificity and detail of both disease and procedure categories in the ICD-9-CM.

In the section on diseases and injuries, some classes have been extensively restructured in the ICD-9-CM, most notably Classes VI (Diseases of the Nervous System and Sense Organs), XI (Complications of Pregnancy, Childbirth, and the Puerperium), XIII (Diseases of the Musculoskeletal System and Connective Tissue), and XV (Certain Conditions Originating in the Perinatal Period). In addition, many revisions have been made to parts of other classes; specifically, Class II (Neoplasms), Class VII (Diseases of the Circulatory System), Class XVII (Injury and Poisoning), and the Supplementary Classifications. In many cases, certain diagnoses were moved from one class to another, more appropriate one. For example, signs and symptoms that are generally considered to be applicable to a specific body system (for example, the digestive system, or the circulatory system) were moved to the appropriate class rather than left in Class XVI (Symptoms, Signs, and Ill-Defined Conditions).

The entire procedure section has also been extensively restructured in the ICD-9-CM. In addition to an increase in the specificity of the procedures, revisions include the presentation of procedures by anatomical site rather than by surgical specialty as was the case with the ICDA. Moreover, biopsies and other diagnostic procedures, which had previously been grouped into one class (the "A" codes), are now reallocated among the classes according to the particular anatomical site. More types of nonsurgical diagnostic and therapeutic procedures have also been added.

Prior to 1979, data on radiotherapy and physical medicine and rehabilitation (ICDA codes R1-R4) and some obstetrical procedures were not collected by the NHDS. The obstetrical procedures not coded were artificial rupture of membranes; external, internal and combined version; outlet and low forceps delivery with and without episiotomy; and episiotomy (ICDA codes 75.0-75.6 and 75.9). In addition, data for diagnostic endoscopy, radiography, and other nonsurgical procedures (ICDA codes A4-A9 and R9), although coded, were not published. Starting with 1979 data, however, coding of procedures is done by following the guidelines of the Uniform Hospital Discharge Data Set (UHDDS).[6,9] The UHDDS is a minimum data set of items uniformly defined and abstracted from hospital medical records. These items were selected on the basis of their continuous utility to organizations and agencies requiring hospital inpatient information.

According to UHDDS guidelines, all procedures are allocated into one of four classes. Classes 1-3 consist of significant procedures—that is, procedures that carry an operative or anesthetic risk or require highly trained personnel, special facilities, or special equipment. Class 4 procedures are not considered significant; therefore, reporting of them is optional. Consequently, with three exceptions, Class 4 procedures are not coded by the NHDS. The Class 4 procedures that are coded are circumcision (ICD-9-CM code 64.0), episiotomy (code 73.6), and removal of intrauterine contraceptive device (code 97.71). See appendix II for the procedure codes included in these classes.

Presentation of estimates

Grouping of diagnoses and procedures.—In this report the diagnostic classes, the broadest groupings of diseases and injuries shown, correspond to ICD-9-CM Classes I-XVII and the Supplementary classification of factors influencing health status and contact with health service. The diagnostic categories, the most detailed groupings of diseases and injuries shown, are subsets of the major groups or classes. The

NOTE: A list of references follows the text.

titles and the ordering of the categories in the tabular list developed for the NHDS follow the format of the ICD-9-CM tabular list as closely as possible.

The procedure groupings used in this report are the groups numbered 1-16 in the ICD-9-CM section entitled "Procedure Classification." Specific categories of operations or procedures, the most detailed of these groupings shown, are subsets of the major groups and are based on the 4-digit codes provided by the ICD-9-CM.

In developing the tables of diagnoses and of procedures, an effort was made to maximize specificity of the conditions or procedures consistent with clarity of characterization, the frequency of their occurrence, and their interest.

Patient characteristics not stated.—The age and sex of the patient were not stated on the hospital records (the face sheet of the patient's medical record) for less than one-fourth of 1 percent of the discharges. Imputations of these missing items were made by assigning the patient an age or sex consistent with the age or sex of other patients with the same diagnostic code.

If the color of the patient was not identified on the hospital records, it was recorded as "not stated" for the NHDS. Because this item was not stated for 13 percent of all discharges, rates by color were not computed. Caution should be used in drawing conclusions from the data by color which are shown. In the detailed tables presenting frequencies, rates, and average lengths of stay, the totals include the cases not stated.

If the dates of admission or discharge were not given and could not be obtained from the monthly sample listing sheet transmitted by the sample hospital, a length of stay was imputed by assigning the patient a length of stay characteristic of the stays of other patients of the same age.

Rounded numbers.—Estimates of the numbers of inpatient discharges, discharges with procedures, and all-listed procedures have been rounded to the nearest thousand for tabular presentation. Therefore, detailed figures within the tables do not always add to totals. Rates and percents were calculated on the basis of unrounded figures and will not necessarily agree with computations made from the rounded data.

Population estimates.—The population estimates used in computing rates are unpublished estimates for the U.S. civilian noninstitutionalized population on July 1 of the data year provided by the U.S. Bureau of the Census. The estimates by age and sex and by geographic region are presented in table III and are consistent with the population estimates published in *Current Population Reports,* Series P-25. However, they are not official population estimates of the Bureau of the Census.

Table III. Civilian noninstitutionalized population by sex, age, and geographic region: United States, July 1, 1979

[Population estimates consistent with Series P-25, Current Population Reports, U.S. Bureau of the Census]

Age and geographic region	Both sexes	Male	Female
	Population in thousands		
All ages	215,884	104,180	111,704
Northeast	48,232	23,138	25,094
North Central	57,515	28,021	29,493
South	69,941	33,486	36,456
West	40,193	19,533	20,660
0-14 years	50,092	25,563	24,530
Under 1 year	3,279	1,679	1,600
1-4 years	12,362	6,319	6,043
5-14 years	34,451	17,564	16,887
Northeast	10,416	5,324	5,092
North Central	13,433	6,862	6,570
South	16,766	8,540	8,226
West	9,477	4,836	4,641
15-44 years	98,941	48,197	50,744
15-24 years	39,162	19,760	20,402
25-34 years	34,099	16,570	17,528
35-44 years	24,680	11,866	12,813
Northeast	21,679	10,577	11,102
North Central	26,588	13,128	13,460
South	31,808	15,303	16,506
West	18,865	9,189	9,676
45-64 years	43,481	20,786	22,695
45-54 years	22,747	10,995	11,752
55-64 years	20,734	9,792	10,943
Northeast	10,543	4,986	5,557
North Central	11,331	5,468	5,863
South	13,665	6,462	7,203
West	7,942	3,870	4,072
65 years and over	23,369	9,634	13,735
65-74 years	14,950	6,505	8,445
75 years and over	8,419	3,129	5,290
Northeast	5,594	2,251	3,343
North Central	6,163	2,563	3,600
South	7,702	3,181	4,521
West	3,909	1,638	2,271

Reliability of estimates

Estimation.—Statistics produced by the NHDS are derived by a complex estimating procedure. The basic unit of estimation is the sample inpatient discharge abstract. The estimating procedure used to produce essentially unbiased national estimates in the NHDS has three principal components: inflation by reciprocals of the probabilities of sample selection, adjustment for nonresponse, and ratio adjustment to fixed totals. These components of estimation are described in appendix I of two earlier publications.[10,11]

Measurement errors.—As in any survey, results are subject to nonsampling or measurement errors, which include errors because of hospital nonresponse,

NOTE: A list of references follows the text.

missing abstracts, information incompletely or inaccurately recorded on abstract forms, and processing errors. Some of these errors were discussed under the previous section entitled "Patient characteristics not stated."

The Institute of Medicine (IOM) has conducted three studies on the reliability of hospital abstract data collection; the most recent study was on the NHDS. The IOM NHDS study was performed by using data coded according to the ICDA; however, some of the findings are relevant to the 1979 NHDS data, even though these data were coded according to the ICD-9-CM. Of special interest to this report is the finding that, in a number of cases, the first-listed diagnosis in the NHDS was not the principal diagnosis as determined by IOM after a study of the entire medical record. For example, when diagnoses at the ICDA class level were examined, the principal diagnosis from IOM matched the first-listed diagnosis from the NHDS in approximately 86 percent of the cases. Detailed accounts of this and other IOM findings have been published.[12-14]

Some nonsampling errors may exist because of mistakes in the ICD-9-CM that have not been identified. As mentioned previously, some sections of the ICD-9-CM have been extensively restructured. In this type of revision, errors, oversights, and omissions are frequently not identified until the coding scheme has been in use for some time. For example, it has been found that some diagnoses that should have been included in the cataract category (ICD-9-CM code 366) were included in the congenital cataract category (743.3). This was due to an error which has been corrected in the alphabetic index of the ICD-9-CM.

Sampling errors.—The standard error is primarily a measure of the variability attributed to a value obtained from a sample as an estimate of a population value. In this report it also reflects part of the measurement error. The value that would have been obtained if a complete enumeration of the population had been made will be contained in an interval represented by the sample estimate plus or minus 1 standard error about 68 out of 100 times and plus or minus 2 standard errors about 95 out of 100 times.

The relative standard error is obtained by dividing the standard error by the estimate. The resulting value is multiplied by 100, which expresses the standard error as a percentage of the estimate.

The standard error of one statistic is generally different from that of another, even when the two come from the same survey. To derive standard errors that would be applicable to a wide variety of statistics that could be prepared at a moderate cost, a number of approximations are required. As a result, the figures in this appendix provide general relative standard errors for a wide variety of estimates rather than the specific error for a particular statistic.

Approximate relative standard errors and standard errors have been prepared for measuring the variances applicable to (1) estimates of the discharges or first-listed diagnoses, and days of care for patient characteristics (e.g., age, sex, color) and of hospital characteristics (e.g., region, bed size, ownership), and patient characteristics cross-tabulated by hospital characteristics; and (2) estimates of all procedures performed by the specific procedure for the patient characteristics age, sex, and color and the hospital characteristics geographic region and bed size of hospital.

The relative standard errors applicable to patients discharged or first-listed diagnoses, all-listed dianoses, days of care, and procedures are provided in figures II-IV. The curves for relative standard errors of the estimates in each figure relate to the variables by which estimates are presented in this report. In these figures, several curves are shown for a few variables whose relative standard errors are different from those in the curve for "All other variables" that is relevant to most of the estimates. For example, one curve is applicable only to estimates of discharges from voluntary nonprofit hospitals, a second curve is concerned with discharges from hospitals by bed size, and a third curve pertains to estimates of days of care in proprietary hospitals.

The selection of the appropriate relative standard error curve is made as follows:

1. *Discharges or first-listed diagnoses and all-listed diagnoses for patient and hospital characteristics:* Relative standard errors of the estimated number of discharges and of all-listed diagnoses are obtained from the curves in figure II.
2. *Days of care for discharges or first-listed diagnoses for patient and hospital characteristics:* Relative standard errors of the estimated number of days of care are obtained from the curves in figure III.
3. *Procedures:* Relative standard errors for procedures are obtained from the curve in figure IV.

Tests of significance

In this report, the determination of statistical inference is based on the *t*-test with a critical value of 1.96 (0.05 level of significance). Terms relating to differences such as "higher," "less," etc., indicate that the differences are statistically significant. Terms such as "similar" or "no difference" mean that no statistically significant difference exists between the estimates being compared. A lack of comment on the difference between any two estimates does not mean that the difference was tested and found to be not significant.

NOTE: A list of references follows the text.

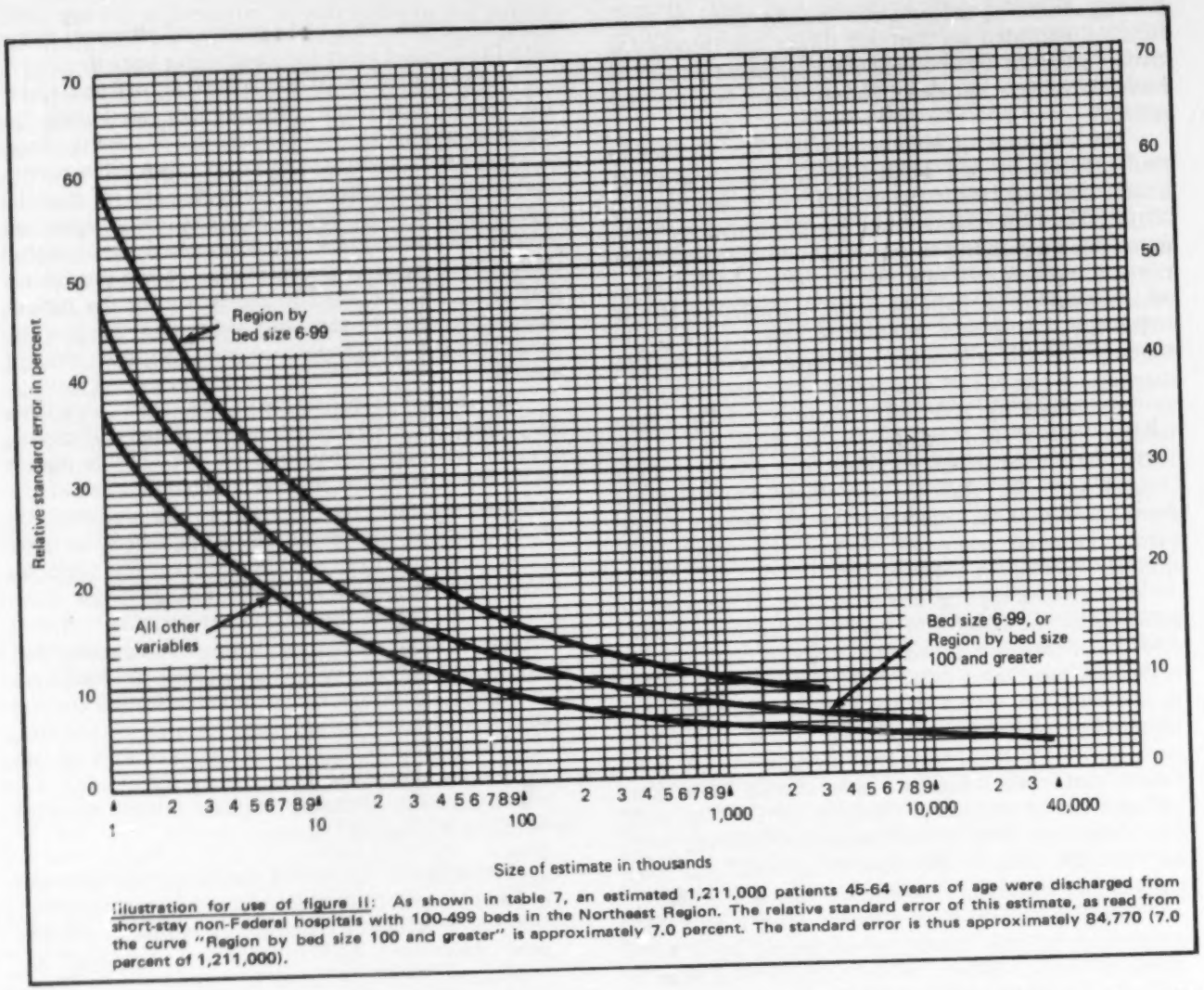

Illustration for use of figure II: As shown in table 7, an estimated 1,211,000 patients 45-64 years of age were discharged from short-stay non-Federal hospitals with 100-499 beds in the Northeast Region. The relative standard error of this estimate, as read from the curve "Region by bed size 100 and greater" is approximately 7.0 percent. The standard error is thus approximately 84,770 (7.0 percent of 1,211,000).

Figure II. Approximate relative standard errors of estimated numbers of patients discharged, or of first-listed diagnoses, and of all-listed diagnoses, by selected patient and hospital characteristics

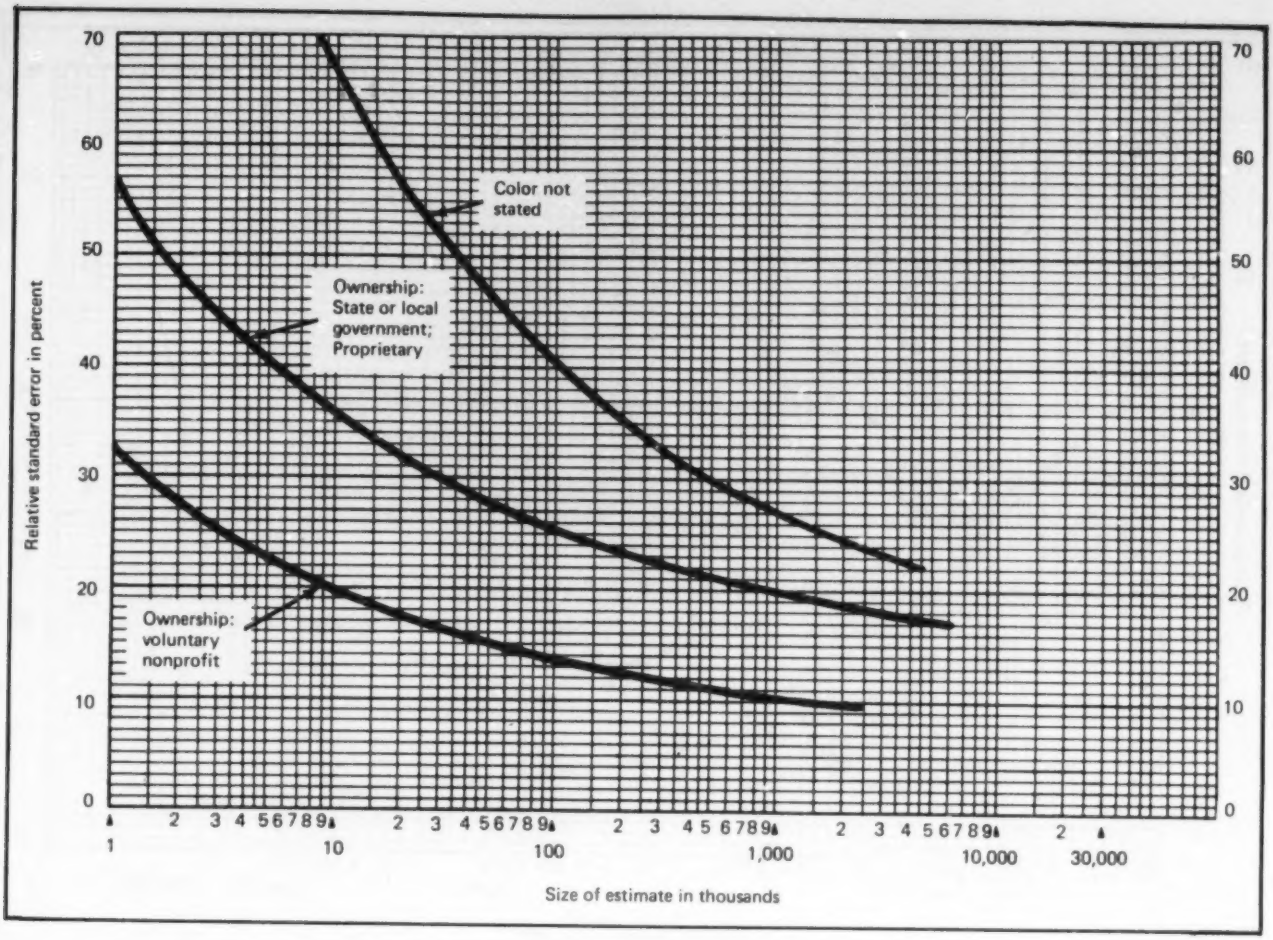

Figure II. Approximate relative standard errors of estimated numbers of patients discharged, or of first-listed diagnoses, and of all-listed diagnoses, by selected patient and hospital characteristics—Con.

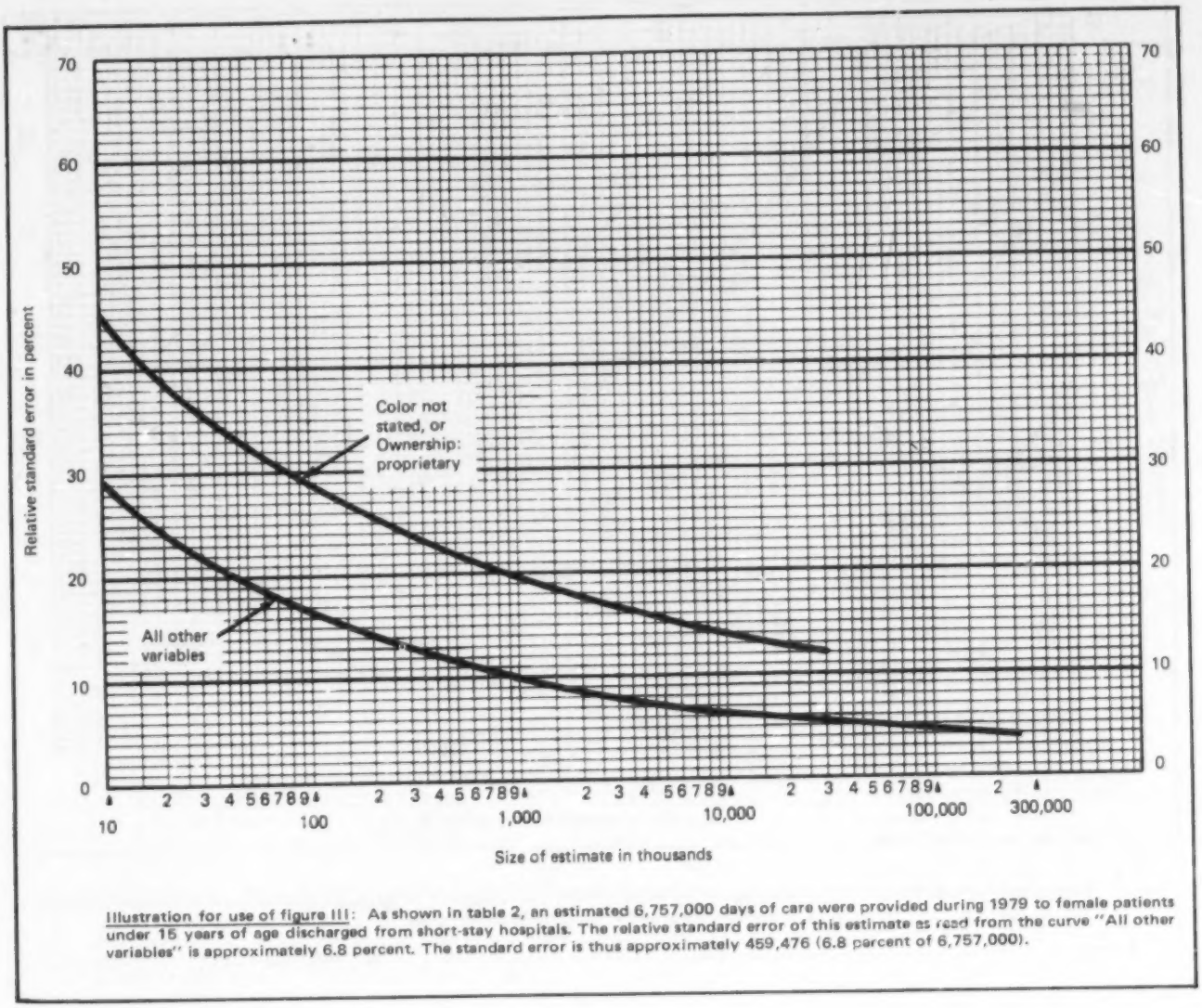

Illustration for use of figure III: As shown in table 2, an estimated 6,757,000 days of care were provided during 1979 to female patients under 15 years of age discharged from short-stay hospitals. The relative standard error of this estimate as read from the curve "All other variables" is approximately 6.8 percent. The standard error is thus approximately 459,476 (6.8 percent of 6,757,000).

Figure III. Approximate relative standard errors of estimated numbers of days of care, by selected patient and hospital characteristics

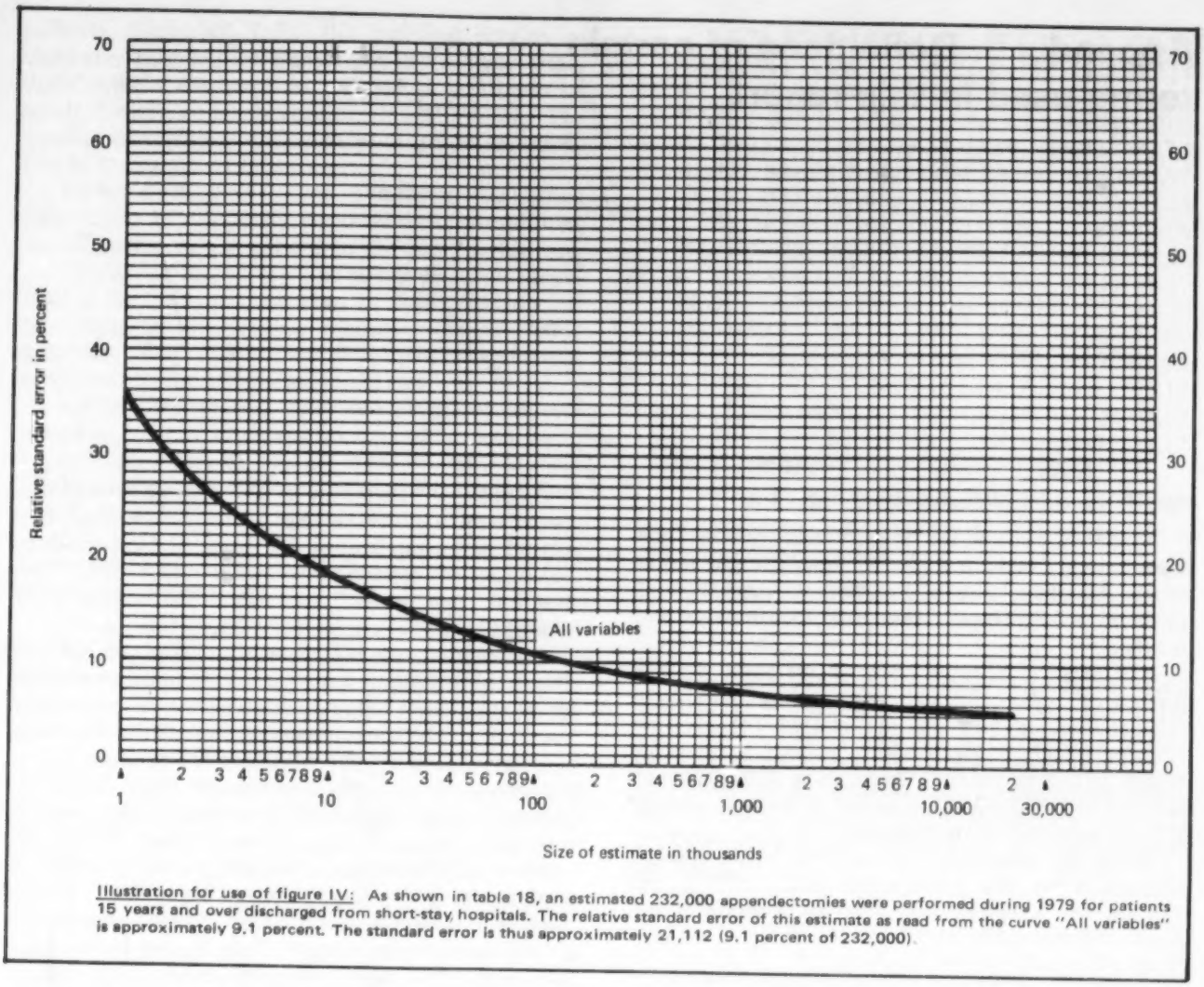

Illustration for use of figure IV: As shown in table 18, an estimated 232,000 appendectomies were performed during 1979 for patients 15 years and over discharged from short-stay hospitals. The relative standard error of this estimate as read from the curve "All variables" is approximately 9.1 percent. The standard error is thus approximately 21,112 (9.1 percent of 232,000).

Figure IV. Approximate relative standard errors of estimated numbers of procedures for patients discharged, by selected patient and hospital characteristics

Appendix II. Definitions of certain terms used in this report

Hospitals and hospital characteristics

Hospitals.—Short-stay special and general hospitals have six beds or more for inpatient use and an average length of stay of less than 30 days. Federal hospitals and hospital units of institutions are not included.

Bed size of hospital.—Size is measured by the number of beds, cribs, and pediatric bassinets regularly maintained (set up and staffed for use) for patients; bassinets for newborn infants are not included. In this report the classification of hospitals by bed size is based on the number of beds at or near midyear reported by the hospitals.

Type of ownership of hospital.—The type is determined by the organization that controls and operates the hospital. Hospitals are grouped as follows:

Voluntary nonprofit.—Hospitals operated by a church or another nonprofit organization.

Government.—Hospitals operated by State or local governments.

Proprietary.—Hospitals operated by individuals, partnerships, or corporations for profit.

Terms relating to hospitalization

Patient.—A person who is formally admitted to the inpatient service of a short-stay hospital for observation, care, diagnosis, or treatment is considered a patient. In this report the number of patients refers to the number of discharges during the year including any multiple discharges of the same individual from one short-stay hospital or more. Infants admitted on the day of birth, directly or by transfer from another medical facility, with or without mention of a disease, disorder, or immaturity are included. All newborn infants, defined as those admitted by birth to the hospital, are excluded. The terms "patient" and "inpatient" are used synonymously.

Discharge.—Discharge is the formal release of a patient by a hospital; that is, the termination of a period of hospitalization by death or by disposition to place of residence, nursing home, or another hospital. The terms "discharges" and "patients discharged" are used synonymously.

Discharge rate.—The ratio of the number of hospital discharges during a year to the number of persons in the civilian noninstitutionalized population on July 1 of that year determines the discharge

Days of care.—The total number of patient days accumulated at time of discharge by patients discharged from short-stay hospitals during a year constitute days of care. A stay of less than 1 day (patient admission and discharge on the same day) is counted as 1 day in the summation of total days of care. For patients admitted and discharged on different days, the number of days of care is computed by counting all days from (and including) the date of admission to (but not including) the date of discharge.

Rate of days of care.—The rate of days of care is the ratio of the number of patient days accumulated at time of discharge by patients discharged from short-stay hospitals during a year to the number of persons in the civilian noninstitutionalized population on July 1 of that year.

Average length of stay.—The average length of stay is the total number of patient days accumulated at time of discharge by patients discharged during the year divided by the number of patients discharged.

Terms relating to diagnoses

Discharge diagnoses.—One or more diseases or injuries (or some factor that influences health status and contact with health services which is not itself a current illness or injury) listed by the attending physician on the medical record of patients. In the NHDS all discharge (or final) diagnoses listed on the face sheet (summary sheet) of the medical record for

patients discharged from the inpatient service of short-stay hospitals are transcribed in the order listed. Each sample discharge is assigned a maximum of seven 5-digit codes according to ICD-9-CM. The number of principal or first-listed diagnoses is equivalent to the number of discharges.

Principal diagnosis.—The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

First-listed diagnosis.—The coded diagnosis identified as the principal diagnosis or listed first on the face sheet of the medical record is the first-listed diagnosis. The number of first-listed diagnoses is equivalent to the number of discharges.

All-listed diagnoses.—All-listed diagnoses are estimated number of discharge (or final) diagnoses, up to a maximum of seven, that are listed on the face sheet of the medical record for inpatients discharged from non-Federal short-stay hospitals during the year.

Terms relating to surgical and nonsurgical procedures

Discharges with procedures.—The estimated number of patients discharged from non-Federal short-stay hospitals during the year who underwent at least one procedure during their hospitalization are termed "discharges with procedures."

Procedure.—A procedure is one or more surgical or nonsurgical operations, procedures, or special treatments assigned by the physician to the medical record of patients discharged from the inpatient service of short-stay hospitals. In the NHDS all terms listed on the face sheet (summary sheet) of the medical record under the captions "operation," "operative procedures," "operations and/or special treatments," and the like are transcribed in the order listed. A maximum of four 4-digit codes are assigned per sample discharge according to ICD-9-CM and NHDS directives. (See "Medical coding and edit" in the "Data collection and processing" section of appendix I for further details.)

All-listed procedures.—All coded procedures that are listed on the face sheet of the medical record exclusive of all but three Class 4 procedures.

UHDDS classes of procedures.—Procedures are categorized into four classes according to UHDDS guidelines. Classes 1-3 consist of significant procedures—that is, procedures that carry an operative or anesthetic risk or require highly trained personnel, special facilities, or special equipment. Class 4 procedures are not considered significant; therefore, reporting is optional.

UHDDS Class 1 procedures.—All procedures not categorized as Class 2, 3, or 4 procedures.

UHDDS Class 2 procedures.—The following ICD-9-CM procedure codes identify Class 2 procedures as categorized by the UHDDS:

03.31, 03.91-03.92, 04.80-04.89, 21.01, 24.7, 31.41-31.42, 34.91-34.92, 37.92-37.93, 42.22-42.23, 44.12-44.13, 45.12-45.13, 45.22-45.24, 48.22, 50.92, 54.91, 54.97-54.98, 57.31, 58.22, 59.95, 62.91, 66.8, 69.6-69.7, 69.93, 70.0, 73.01-73.1, 73.3, 73.51-73.59, 76.96, 81.91-81.92, 82.92-82.96, 83.94-83.98, 85.91-85.92, 86.01, 87.03-87.08, 87.13-87.15, 87.31-87.35, 87.38, 87.41-87.42, 87.51-87.52, 87.54-87.66, 87.71-87.73, 87.75, 87.77-87.78, 87.81-87.84, 87.91, 87.93-87.94, 88.01-88.03, 88.12-88.15, 88.38, 88.71-88.89, 89.14, 89.21-89.25, 89.32, 89.41-89.44, 89.54, 89.61-89.65, 89.8, 92.01-92.29, 93.45-93.54, 93.56-93.59, 93.92-93.93, 93.95, 93.97, 94.24, 94.26-94.27, 95.04, 95.12-95.13, 95.16-95.26, 96.01-96.08, 96.21-96.25, 96.31-96.33, 97.11-97.13, 98.02-98.04, 98.14-98.16, 98.19, 99.01, 99.60-99.69, 99.81.

UHDDS Class 3 procedures.—The following ICD-9-CM procedure codes identify Class 3 procedures as categorized by the UHDDS:

29.11, 57.94-57.95, 60.19, 84.41-84.43, 84.45-84.47, 86.26, 93.98, 98.01, 98.05-98.13, 98.17-98.18, 98.20-98.29, 99.25.

UHDDS Class 4 procedures.—With three exceptions, Class 4 procedures are not coded by the NHDS. The Class 4 procedures that are coded are circumcision (ICD-9-CM code 64.0), episiotomy (code 73.6), and removal of intrauterine contraceptive device (code 97.71). The following ICD-9-CM procedure codes identify Class 4 procedures as categorized by the UHDDS:

01.18-01.19, 03.39, 04.19, 05.19, 06.19, 07.19, 08.19, 08.91-08.93, 09.19, 09.41-09.49, 10.29, 11.29, 12.29, 14.19, 15.09, 16.21, 16.29, 18.01, 18.11, 18.19, 20.39, 21.21, 21.29, 22.19, 24.19, 25.09, 25.91, 26.19, 27.29, 27.91, 28.19, 29.19, 31.48-31.49, 33.28-33.29, 34.28-34.29, 37.29, 38.29, 40.19, 41.38-41.39, 42.29, 44.19, 45.19, 45.28-45.29, 48.23, 48.29, 49.21, 49.29, 49.41, 50.19, 51.19, 52.19, 54.29, 55.29, 56.39, 57.39, 58.29, 59.29, 60.18, 61.19, 62.19, 63.09, 64.0, 64.19, 64.91, 64.94, 65.19, 66.19, 67.19, 68.19, 69.92, 70.21, 70.29, 71.19, 73.6, 73.91-73.92, 75.35, 76.19, 78.80-78.89, 81.98, 83.29, 85.19, 86.19, 86.92, 87.09-87.12, 87.16-87.17, 87.22-87.29, 87.36-87.37, 87.39, 87.43-87.49, 87.69, 87.79, 87.85-87.89, 87.92, 87.95-87.99, 88.09, 88.16-88.31, 88.33, 88.35, 88.37, 88.39, 89.01-89.13, 89.15-89.16, 89.26-89.31, 89.33-89.39, 89.45-89.53, 89.55-89.59, 89.66, 89.7, 90.01-91.99, 93.01-93.25, 93.27-93.28, 93.31-93.39, 93.42-93.44, 93.61-93.91, 93.94, 93.96, 93.99-94.23, 94.25, 94.29-95.03, 95.05-95.11, 95.14-95.15, 95.31-95.49, 96.09-96.19, 96.26-96.28, 96.34-97.04, 97.14-97.89, 99.02-99.24, 99.26-99.59, 99.71-99.79, 99.82-99.99.

Surgical operations.—All procedures exclusive of

those listed under "Nonsurgical procedures" are listed as surgical operations.

Biopsy.—Biopsy is excision of tissue for microscopic examination. The following ICD-9-CM biopsy codes are:

01.11-01.15, 03.32, 04.11-04.12, 05.11, 06.11-06.13, 07.11-07.17, 08.11, 09.11-09.12, 10.21, 11.22, 12.22, 15.01, 16.23, 18.12, 20.32, 21.22, 22.11, 24.11-24.12, 25.01-25.02, 26.11, 27.21-27.24, 28.11, 29.12, 31.43-31.44, 33.24-33.27, 34.23-34.27, 37.24-37.25, 38.21, 40.11, 41.31-41.33, 42.24, 44.14-44.15, 45.14-45.15, 45.25-45.27, 48.24-48.26, 49.22-49.23, 50.11-50.12, 51.12-51.13, 52.11-52.12, 54.22-54.23, 55.23-55.24, 56.32-56.33, 57.33-57.34, 58.23-58.24, 59.21, 60.11-60.15, 61.11, 62.11-62.12, 63.01, 64.11, 65.11-65.12, 66.11, 67.11-67.12, 68.13-68.14, 70.23-70.24, 71.11, 76.11, 77.40-77.49, 80.30-80.39, 83.21, 85.11-85.12, 86.11.

Nonsurgical procedures.—Procedures generally not considered to be surgery are listed as nonsurgical procedures. These include diagnostic endoscopy and radiography, radiotherapy and related therapies, physical medicine and rehabilitation, and other nonsurgical procedures (ICDA codes A4-A9 and R1-R9). The following ICD-9-CM codes are for diagnostic and nonsurgical procedures:

03.31, 11.21, 12.21, 14.11, 16.22, 20.31, 29.11, 31.41-31.42, 33.21-33.23, 34.21-34.22, 39.95, 42.21-42.23, 44.11-44.13, 45.11-45.13, 45.21-45.24, 48.21-48.22, 51.11, 54.21, 55.21-55.22, 56.31, 57.31-57.32, 58.21-58.22, 60.19, 68.11-68.12, 70.22, 80.20-80.29, 87.01-99.99.

Rate of procedures.—The ratio of the number of all-listed procedures during a year to the number of persons in the civilian noninstitutionalized population on July 1 of that year determines the rate of procedures.

Demographic terms

Age.—Patient's age refers to age at birthday prior to admission to the hospital inpatient service.

Color.—Patients are classified into two groups, "white" and "all other." The all other classification includes all categories other than white. Mexican and Puerto Rican are included in the white category unless specifically identified as all other.

Geographic region.—Hospitals are classified by location in one of the four geographic regions of the United States that correspond to those used by the U.S. Bureau of the Census.

Region	*States included*
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania
North Central	Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Hawaii, and Alaska

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